

SERVICE WORKERS UNION OF BRITISH COLUMBIA LOCAL 99

ENROLMENT AND BENEFICIARY CARD FOR GROUP INSURANCE AND THE PENSION FUND

REVISED CARD - CHECK HERE _____

SEE INSTRUCTIONS OVER ➔

MEMBER INFORMATION - Please print clearly

SURNAME		FIRST NAME		INIT.	PHARMACARE REGISTRATION NO	
SOCIAL INSURANCE NUMBER		BIRTH DATE (Yr. Mo. Day)		PHONE #	MARITAL STATUS	
				()		
ADDRESS (No. Street, City, Province, Postal Code)						
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Employer		
LIFE INSURANCE BENEFICIARY DESIGNATION I hereby designate as revocable beneficiary in the event of my death:					Relationship	
PENSION BENEFICIARY DESIGNATION **** Please see other side **** I hereby designate as revocable beneficiary in the event of my death:					Relationship	

DEPENDENT INFORMATION - List all eligible dependents

FIRST NAME (if different from Member's)	SURNAME	RELATIONSHIP TO MEMBER	BIRTH DATE (Yr. Mo. Day)	STUDENT Y/N
01 Spouse*				
02 (eldest first)				
03				
04				
05				

CO-ORDINATION OF BENEFITS:

Are you covered by another benefit plan (i.e., your Spouse's plan)? NO YES

If YES, benefits covered: _____, Spouse's SIN: _____

Policy No(s): _____ Insurance Carrier: _____

To Protect Your Privacy: In order to verify your identity when you call the Administrator, please provide a personal fact or question along with the answer that only you would be able to answer. (i.e., your mother's maiden name, place of birth, etc.).

Question: _____ Answer: _____

I authorize the use of my Social Insurance Number for identification purposes and I understand that D.A. Townley collects personal information to assess eligibility for benefits; to determine and adjudicate benefits; to determine the cost and financially manage these benefits as well as to meet regulatory or contractual requirements and any Trust obligations relating to such benefits and related services provided.

DATE: _____ **MEMBER'S SIGNATURE:** _____

If adding a Spouse,
Date of marriage: _____
If adding a Common-Law Spouse,
Date of commencement of Common-Law relationship: _____
If adding children over the age of 19,
indicate school they are attending full-time: _____

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Administrator:

D.A. Townley

1. Please complete in ink and print clearly. Please fill in all information.
2. LIFE INSURANCE BENEFICIARY - Enter the name of your beneficiary for the Group Life Insurance benefit.
3. PENSION BENEFICIARY - **If you have a Spouse***, you MUST nominate her/him as your pension beneficiary. If you do NOT have a Spouse (or can provide a copy of the legal agreement, that waives the spousal entitlement to pension benefits), then you may designate the beneficiary of your choice.

*Spouse means:
or a) a person to whom you are legally married,
b) a person with whom you have lived in a Common-Law relationship; for the minimum period as defined in the applicable province's pension legislation, immediately preceding any payment of benefits from the Pension Plan.
4. **For any future changes, a new enrolment card must be completed and can be obtained from your Employer or the Administrator's office.**
5. Please ensure this card is completed in full and is signed and dated. Please forward the completed card to the administrator:

D.A. Townley

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www.datownley.com