



Sheet Metal Workers Local Union 30
Welfare Plan
45 McIntosh Drive, Markham, Ontario L3R 8C7
Coordination of Benefits Application Form

If you have eligible Dependents listed on your Member Information Card, it is necessary for you to provide the Plan Administrator with the following additional information to complete your enrolment in the Plan.

1. Member Information	
Last Name: _____ First / Middle Names: _____	
Social Insurance Number: _____ Date of Birth: _____ MM / DD / YY	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
2. Spouse's Information	
Last Name: _____ First / Middle Names: _____	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: _____ MM / DD / YY	
<input type="checkbox"/> My Spouse Is Not Employed And Does Not Have Any Coverage under any Benefits Plan	
<input type="checkbox"/> My Spouse Is Employed, But Does Not Have Any Coverage under any Other Benefits Plan	
<input type="checkbox"/> My Spouse Has Coverage Under His / Her Plan for the Benefits Indicated Below:	
<input type="checkbox"/> Prescription Drugs:	Family Coverage <input type="checkbox"/> Single Coverage <input type="checkbox"/>
<input type="checkbox"/> Vision Care:	Family Coverage <input type="checkbox"/> Single Coverage <input type="checkbox"/>
<input type="checkbox"/> Major Medical Health Care:	Family Coverage <input type="checkbox"/> Single Coverage <input type="checkbox"/>
<input type="checkbox"/> Dental:	Family Coverage <input type="checkbox"/> Single Coverage <input type="checkbox"/>
Employer: _____	
Insurance Company: _____ Plan Contract Number: _____	
Coverage Effective Date: _____ Coverage Termination Date: _____ MM / DD / YY MM / DD / YY	

I certify that the information in this form is true and complete.

Plan Member's Signature: _____ Date: _____

Plan Administration Office: Employee Benefit Plan Services Limited, 45 McIntosh Drive, Markham, Ontario L3R 8C7
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