



SHEET METAL WORKERS LOCAL UNION 30 WELFARE AND PENSION TRUST FUNDS

PLAN ADMINISTRATION: EMPLOYEE BENEFIT PLAN SERVICES

45 McIntosh Drive, Markham, Ontario L3R 8C7

Telephone: (905) 946-9700 • Toll Free: 1-800-263-3564 • Fax: (905) 946-2535 • Website: www.lu30plan.com • E-mail: ebps@mcateer.ca
www.facebook.com/smwialocal30benefits

YOUR IMMEDIATE ACTION IS REQUIRED NO LATER THAN MAY 15, 2020

Re: Electronic Claim Payments

Dear Plan member,

All service providers (dentists, pharmacists, etc.) are required to file your health plan claim electronically. This helps you because you do not have to pay up front for services covered by the plan, and it requires no follow up paperwork, which can be time consuming. All your provider needs is your Benefit Card as your identification.

Given the uncertainty around COVID-19 and its impact on postal services, it is very important all members be registered for *electronic services*. If your provider will not electronically file claims for you, then you have access to file electronically for yourself. This is quick and simple and is available by website or by app on your smart phone or tablet (“GSC on the Go” in the App Store).

This service also allows you to register for direct deposit of payments to your bank account. Please register for this service today if you have not already. Enrolment is simple, but for additional support, your plan has provided tutorial videos for sign up and features. To get your video go to www.lu30plan.com and click on the “GSC Videos” link on the main menu bar. If you require help signing up, please contact the plan administration office at 1-800-263-3564 or ebps@mcateer.ca to set up a time for coaching, or call the Green Shield Canada help line at 1-888-711-1119 and reference your GSC ID number found on the front of your Benefit Card.

If you are not utilizing electronic services, the plan may not be able to accommodate the timely delivery of claims payments by mail. If you have not registered for the direct deposit of funds to your bank account previously, or through the online registration process above, please complete the enclosed direct deposit form and e-mail or mail (enclosed postage paid envelope) to the plan administration office by May 15, 2020. If you are e-mailing the Direct Deposit form, please encrypt your attachment. Instructions for encrypting an attachment can be found on your plan website at www.lu30plan.com.



**Sheet Metal Workers Local Union 30
Welfare Plan
45 McIntosh Drive, Markham, Ontario L3R 8C7**

DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

INITIAL REQUEST

CHANGE REQUEST

MEMBER PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, please enclose a **VOID** cheque with this request OR complete the information below.
In both cases, please **sign the authorization below**. Instructions below.

DEPOSIT TO (CANADIAN BANK OR FINANCIAL INSTITUTION)

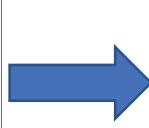
ADDRESS OF BRANCH

BRANCH NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Example / Exemple	Cheque No. N° de chèque 0000000
Pay to the order of Payez à l'ordre de	<i>"Void"</i> <i><<Null>></i>	\$ _____ Dollars
_____		Signature
9999 1:999999 9999: 9999 9999 9999		
1	2	3



1. Cheque number – Not required
2. Branch number – 5 digits
3. Institution number – 3 digits
4. Account number – as shown on your cheque

As the beneficiary paid under my Welfare Plan, I hereby authorize Sheet Metal Workers Local Union 30 Welfare Trust Fund to deposit these sums in my bank account, whose particulars appear above, or on the enclosed cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with the request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me. I also consent to e-notification to the email address provided below (note: home email address is recommended).

Email Address: _____

This authorization, which takes effect on date below, is valid for all the other active bank accounts in this or any other financial institution that I may name in the future.

Member's Signature _____

Date: (DD/MM/YYYY) _____/_____/_____

**Please encrypt and email this completed request form to the plan administration office at ebps@mcateer.ca.
If you require assistance with encrypting an attachment please go to www.lu30plan.com.**

Privacy Statement: The Plans will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plans. Personal Information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons and organizations including the Trustees, Institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.