



Sheet Metal Workers Local Union 30 Benefit Plan

45 McIntosh Drive, Markham, Ontario L3R 8C7

Coordination of Benefits Application Form

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

If you are submitting this document via email, you must password protect the document. Visit lu30plan.com/encrypt to learn how.

1. Member Information

Last Name: _____ First / Middle Names: _____

Social Insurance Number: _____ Date of Birth: _____
MM / DD / YY

Sex: Male Female

Marital Status: Single Married Common Law Divorced Separated Widowed

Email: _____

2. Spouse's Information

Last Name: _____ First / Middle Names: _____

Sex: Male Female Non-binary Date of Birth: _____
MM / DD / YY

My Spouse Is not employed And Does Not Have Any Coverage under any benefits plan

My Spouse Is Employed, But Does Not Have Any Coverage under any Other benefits plan

My Spouse Has Coverage Under their 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
Telephone: (905) 946-9700 • Toll Free: 1-800-263-3564 • Fax: (905) 946-2535 • Email: info@lu30plan.com

Privacy Statement: The Sheet Metal Workers Local 30 Benefit Plan and the Sheet Metal Workers Local 30 Pension Plan (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.