



SHEET METAL WORKERS LOCAL UNION 30 BENEFIT PLAN MATERNITY LEAVE BENEFIT STATEMENT OF CLAIM

Personal Health Information

MEMBER – complete this page. Please print.

1. Member's Name: _____ Date of Birth: ____/____/____
Day Month Year

2. Address: _____ Street _____ City _____ Phone No. _____

Province _____ Postal Code _____ Email: _____

3. Social Insurance Number: _____

4. Last Day Worked: _____ On

what date were you unable to work due to your condition? ____/____/____

____/____/____ at _____ a.m. p.m.
Day Month Year

5. Has your employer provided a separation certificate showing separation from employment? No Yes

- i. If Yes, please provide the separation certificate with your application.
- ii. If No, please contact your employer for this information.

6. Have you filed a claim for, or are you currently receiving a pension or disability benefit from any of the following sources? (Please indicate "Yes" if you have filed a claim for this or any other disability from which you have not recovered, and provide the requested details of any pension or disability benefits you are receiving, whether they commenced before or after your current disability date)

I have filed a claim with:

I am receiving benefits from:

Employment Insurance

Yes No

Yes No

If you are receiving or have applied for Employment Insurance, please indicate the date your claim

commenced: _____.

**Member – submit completed Statement of Claim marked "PRIVATE" to:
Sheet Metal Workers Local Union 30 Benefit Plan, Disability Claims Team
45 McIntosh Drive, Markham, Ontario L3R 8C7
Phone: 905-946-9700 or toll free: 1-800-263-3564
Fax: 905- 946-2535**

Or

password protect this document, and email to info@lu30plan.com

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

I consent to the collection, use and disclosure of my personal information ___YES ___NO

Signature and Consent

Date

Privacy Statement: I authorize 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 to collect, maintain, use and disclose my personal 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 my 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.