



SHEET METAL WORKERS LOCAL UNION 30 BENEFIT AND PENSION PLANS

MEMBER INFORMATION FORM

IMPORTANT NOTE: Please fill out this form completely. The information provided on this form will replace information provided on all earlier Member Information Forms or Application Cards. You must notify the plans of any changes to the information below.

MEMBER'S PERSONAL INFORMATION

NAME: LAST		FIRST / MIDDLE			SOCIAL INSURANCE NUMBER				
APT. NO.	NUMBER / STREET		CITY		PROVINCE		POSTAL CODE		
EMAIL			TELEPHONE			MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
						NON-BINARY <input type="checkbox"/>			
DATE OF BIRTH		PRESENT EMPLOYER		UNION INITIATION DATE			MARITAL STATUS		
MONTH	DAY	YEAR			MONTH	DAY	YEAR	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	

MARITAL STATUS

If you are married, please provide date of marriage: _____

If you are Separated or Divorced, please provide a copy of your Divorce/Separation Agreement.

If you are in a Common-Law relationship, please complete the following statement:

I do hereby declare that _____ (spouse's name - please print) is my Common-Law Spouse with whom I have been cohabiting since _____ (date cohabitation commenced) and whom I publicly represent as my Spouse.

_____ (Member's Signature)

PERSONAL INFORMATION ABOUT MEMBER'S DEPENDANTS - INCLUDING SPOUSE

Please list Dependants for benefit coverage below. A spouse is the person to whom you are legally married. If there is no such person, a Spouse is a person with whom you are currently living and have lived for at least three consecutive years, and whom you hold out publicly to be your Spouse.

NAME: LAST	FIRST / MIDDLE	DATE OF BIRTH			SEX M/F/NB	RELATIONSHIP
		MONTH	DAY	YEAR		

The Trustees of the Plans reserve the right to request further documentation supporting the enrollment of any Dependant added for coverage under the Plans. Such supporting documentation may include a marriage certificate, birth registration or other documents supporting a common law relationship. I hereby certify that the requested information provided above is true and complete. I understand and agree that the coverage and benefits of the Plans (and future claims) may be denied, or terminated, and that the Trustees may take such other actions as they deem necessary in their sole discretion, as a result of me or my Dependants providing false, incomplete, or misleading information to the Plans. I consent to the collection of my personal information for Plan administration purposes.

COORDINATION OF BENEFITS

Is benefit coverage available to you and/or Dependants from another plan(s)? Yes No

If Yes, please provide:

Name of individual(s) covered as the member under the other plan(s): _____

Relationship (ie: spouse, ex-spouse, step-parent to my Dependants, guardian to my Dependants): _____

Name of other plan(s): _____

Family Coverage _____ Single Coverage _____

COMPLETE BOTH SIDES AND RETURN TO THE PLAN ADMINISTRATION OFFICE

45 McIntosh Drive, Markham, Ontario L3R 8C7

www.lu30plan.com

Revised Feb. 2022

Please indicate your marital status.

This signature is only required if member is in a Common-Law relationship.

Please list your eligible dependants.

Eligible dependants include your spouse, and your unmarried children, up to their 22nd birthday or till their 26th birthday if they are a full-time student, who are dependent on you and/or your spouse for their support.

If you or your spouse/dependants are covered under any other health benefit plan, please provide the information here

Does the other benefit plan provide coverage for your whole family, or just the individual listed?

SHEET METAL WORKERS LOCAL UNION 30 BENEFIT AND PENSION PLANS MEMBER INFORMATION FORM

BENEFIT PLAN BENEFICIARY

Group Term Life Insurance and Accidental Death and Dismemberment

LAST NAME	FIRST/MIDDLE	RELATIONSHIP
TELEPHONE	EMAIL	Check this box if the above named is an irrevocable beneficiary <input type="checkbox"/>

Percentage of death benefit the above person will receive: _____

LAST NAME	FIRST/MIDDLE	RELATIONSHIP
TELEPHONE	EMAIL	Check this box if the above named is an irrevocable beneficiary <input type="checkbox"/>

Percentage of death benefit the above person will receive: _____

If the above beneficiary(ies) predeceases me, my contingent beneficiary is: _____

If no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

Irrevocable beneficiaries can't be removed from the policy without their consent.

PENSION PLAN BENEFICIARY

Pension Plan Registration Number: 0345850

LAST NAME	FIRST/MIDDLE	RELATIONSHIP
TELEPHONE	EMAIL	

Percentage of pension benefit the above person will receive: _____

LAST NAME	FIRST/MIDDLE	RELATIONSHIP
TELEPHONE	EMAIL	

In the event of your death, your spouse is automatically the first person eligible to receive a pension benefit unless a spousal waiver is on file, no matter who you designate as a beneficiary. Your beneficiary will become eligible for benefits only if you do not have a spouse on your date of death.

Percentage of pension benefit the above person will receive: _____

If the above named beneficiary predeceases me, my contingent beneficiary is: _____

If no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

Caution: Your designation of a beneficiary by means of this Member Information Form will not be revoked or changed automatically by any future event (including marriage or divorce) unless required by law or regulation. Should you wish to change your beneficiary, you must do so by completing a new Member Information Form.

The person named as a Trustee will receive any benefits payable on behalf of your beneficiary(ies), if they are under the age of majority at the time of your death (not applicable in Quebec). A Trustee does not need to be named if your beneficiaries are over the age of majority.

Trustee's Name _____ Relationship _____
first name, last name

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 _____

Please ensure that your signature is witnessed by someone other than your Spouse or Beneficiary.

Witness Signature: _____ **Witness Printed Name:** _____

Witness Telephone: _____ **Witness address:** _____

Witness Email: _____

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.

COMPLETE BOTH SIDES AND RETURN TO THE PLAN ADMINISTRATION OFFICE

Subject to legislation, the person(s) named as your Benefit plan Beneficiary will be the recipient of your life insurance payment (if applicable).

Assigned percentages for multiple beneficiaries must add up to 100%.

Additional beneficiaries can be named on a separate piece of paper

Subject to legislation, the person(s) named as your Pension beneficiary will be the recipient of any remaining pension benefit upon your death (depending on the option you select when you retire).

Assigned percentages for multiple beneficiaries must add up to 100%.

Additional beneficiaries can be named on a separate piece of paper

The person named as a Trustee will receive any benefits payable on behalf of your beneficiary(ies), if they are under the age of majority at the time of your death (not applicable in Quebec). A Trustee does not need to be named if your beneficiaries are over the age of majority.

This form requires a witness who is not your spouse or beneficiary to sign where indicated.