

**The Plumbers and Pipefitters Local 740 Welfare Plan  
MEMBER INFORMATION/BENEFICIARY CARD**

PERSONAL INFORMATION				
Last Name		First Name		Initial
Date of Birth Day      Month      Year	Sex	Social Insurance Number (SIN) *	Certificate Number	
<p>* I hereby authorize the use of this number by the Plan Administrator for Tax reporting and the administration of my benefits, as required.</p> <p>I hereby authorize the Plan Administrator to use the information provided by me on this card to administer my benefits. I further consent to the release of this information to my insurer, if applicable and required by my insurer, and to my local union office for authorization, if required under this Plan.</p>				
Signature _____			Date _____	
HOME MAILING ADDRESS				
Apt	Address		City, Town or Village	
Province		Postal Code		Phone (      )
UNION INFORMATION				
Most Recent Date Joined Day      Month      Year		Local	Union ID  Signature of Local Union Official _____	
MARITAL STATUS				
<input type="radio"/> Married		<input type="radio"/> Common Law		<input type="radio"/> Same Sex Partner
<input type="radio"/> Widowed		<input type="radio"/> Single		<input type="radio"/> Separated
		<input type="radio"/> Civil Union <i>(for Quebec only)</i>		<input type="radio"/> Divorced
If you have a spouse, complete the spousal information section below. The definition of eligible spouse can be found in your Benefit Plan Booklet.				

SPOUSAL INFORMATION					
Last Name		First Name		Init	Date of Birth Day    Month    Year
					Sex
				Date of Marriage/Co-habitation Day      Month      Year	
CO-ORDINATION OF BENEFITS INFORMATION					
Coverage with Spouse's Employer:					
SINGLE		<input type="radio"/> Drugs	<input type="radio"/> Health	<input type="radio"/> Vision	<input type="radio"/> Dental
FAMILY		<input type="radio"/> Drugs	<input type="radio"/> Health	<input type="radio"/> Vision	<input type="radio"/> Dental
Spouse's Insurance Company Name: _____					
Policy No. _____ Effective Date: _____					

**PLEASE COMPLETE BOTH SIDES  
BENEFICIARY INFORMATION IS MANDATORY**

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DEPENDENT CHILDREN					
Last Name	First Name	Date of Birth Day Month Year	Sex	Student**	Disabled

BENEFICIARY INFORMATION					
Last Name	First Name	Init	Date of Birth Day Month Year	Relationship	Percentage

I hereby revoke all existing beneficiary(ies) designation(s) made by me for the The Plumbers and Pipefitters Local 740 Welfare Plan and designate the person(s) named above as my beneficiary, if then living, to receive any benefits payable under the The Plumbers and Pipefitters Local 740 Welfare Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.

Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designation revocable). I hereby make the designation:

- Revocable                       Irrevocable

I hereby certify that all the statements and information on this form are true.

\_\_\_\_\_

Member's Signature

\_\_\_\_\_

Date