

U. A. Local 787 Vacation and Statutory Holiday Pay Trust Fund Member Withdrawal Request Form

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.

For:		
Name: _____	Social Insurance Number: _____	
Address: _____	Unit/Apt.#: _____	
City: _____	Postal Code: ____-____	
Pick up:	<input type="checkbox"/> UA Local 787 (Brampton) Date of Pick-up: _____	<input type="checkbox"/> BENEFIT OFFICE (Markham) Date of Pick-up: _____
		<input type="checkbox"/> Mail
<p>I acknowledge that I may receive one (1) optional payment each calendar year other than the regular May and November payouts. Interim payments are subject to an administration fee of \$30.93 per payment. I hereby request the payment of my Vacation Pay for the following reason:</p>		
<input type="checkbox"/> I am taking my Vacation, or	Effective date: _____ Employer: _____	
<input type="checkbox"/> I have left the jurisdiction of U. A. Local 787, or		
<input type="checkbox"/> I am no longer a member of U. A. Local 787, or		Last day worked: _____
<input type="checkbox"/> I am unemployed and registered as unemployed with the Employment Insurance Commission, or		_____
<input type="checkbox"/> I am attending day trade school as an apprentice, or		Employer: _____
<input type="checkbox"/> I have retired under the terms of the U. A. Local 787 Pension Plan, or		_____
<input type="checkbox"/> I am disabled and I am receiving benefits under the U. A. Local 787 Weekly Indemnity Plan or the Workplace Safety & Insurance Act or the Employment Insurance Commission.		
<p>I understand that I am entitled to receive only the Vacation Pay received and processed or being processed to my account at the time of this withdrawal request.</p>		
Date: _____	Signature: _____	
Authorization:		
Date: _____	_____	
	Authorized Signature	

Complete and return to:
 Benefit Plans Administration Office: 45 McIntosh Drive, Markham, Ontario L3R 8C7
 Telephone: 905-946-9700 Toll Free: 1-800-263-3564
 Fax: 905-946-2535 E-Mail: info@787benefits.ca

