

ENROLMENT FORM FOR THE U. A. LOCAL 787

Health Plan, Pension Plan and Vacation Pay Plan (the Benefit Plans) (New Member/Joined after 1986)

Legal Name: _____
last name given names

Address: _____
apt. no. number/street city province postal code

Social Insurance Number: _____ **Date of Birth:** _____ , _____
mo/day yr

Phone Number: (_____) _____ - _____ **Email:** _____

Sex: () Male () Female

Status: () Single () Married () Common Law () Separated () Divorced () Widowed

**THIS FORM IS A LEGAL DOCUMENT.
PLEASE MAKE SURE FORM IS FILLED OUT IN FULL, SIGNED, WITNESSED AND DATED.
INCOMPLETE FORMS WILL BE RETURNED TO YOU.**

Return Form to: U.A Local 787 Benefit Plans Administration Office
 45 McIntosh Drive, Markham, Ontario L3R 8C7
 Tel: (905) 946 2220; If long distance: 1 866 946 2220; Fax number: 905 946 2535

PLEASE COMPLETE ALL PAGES

U. A. LOCAL 787 HEALTH PLAN MEDICAL & DENTAL DEPENDENTS

Please include your spouse and dependant children.

For the purposes of Medical and Dental benefits, your spouse is (a) the person you are legally married to and not separated from, or (b) a person with whom you have lived in a conjugal (or common law) relationship continuously for at least 12 months (in the case of (b) please provide proof of this relationship).

If you have a spouse, please indicate date of marriage or date cohabitation began: _____ , _____
mo/day yr

Legal Last Name	Given Names	Date of Birth <small>mo/day yr</small>	Sex	Relationship
_____	_____	_____, _____	_____	_____
_____	_____	_____, _____	_____	_____
_____	_____	_____, _____	_____	_____
_____	_____	_____, _____	_____	_____
_____	_____	_____, _____	_____	_____
_____	_____	_____, _____	_____	_____

U. A. LOCAL 787 HEALTH PLAN

BENEFICIARY APPOINTMENT

I hereby appoint the following as my revocable Beneficiary (or Beneficiaries) to receive any benefits payable in the event of my death.

Legal Name: _____ Relationship: _____
last name given names

Address: _____
apt. no. number/street city province postal code

Is your Beneficiary a minor? () Yes () No If yes, please appoint a Trustee: _____

U. A. LOCAL 787 VACATION & STATUTORY HOLIDAY PAY PLAN

BENEFICIARY APPOINTMENT

I hereby appoint the following as my revocable Beneficiary (or Beneficiaries) to receive any benefits payable in the event of my death.

Legal Name: _____ Relationship: _____
last name given names

Address: _____
apt. no. number/street city province postal code

Is your Beneficiary a minor? () Yes () No If yes, please appoint a Trustee: _____

U. A. LOCAL 787 PENSION PLAN

SPOUSE DETAILS

Under Ontario pension law, your "spouse" is the person who is:

- (a) married to you, or
- (b) not married to you but has been living with you in a conjugal relationship
 - continuously for at least three years, or
 - in relationship of some permanence if you are the parents of a child as defined in the *Children's Law Reform Act*.

Based on this definition of "spouse", please answer the following question:

Do you currently have a "spouse"? () Yes () No

If yes, please provide the following details regarding your spouse:

Legal Name: _____ Date of Birth: _____ , _____
last name given names mo/day yr

Address: _____
apt. no. number/street city province postal code

Date of marriage or date cohabitation began: _____ , _____
mo/day yr

U. A. LOCAL 787 PENSION PLAN

PRE-RETIREMENT DEATH BENEFIT

BENEFICIARY APPOINTMENT

You may use this section to designate anyone you wish as a revocable beneficiary to receive the pre-retirement death benefit payable under the plan in the event of your death before retirement and may name more than one person.

Note: If you have a "spouse" at the time of your death, then your spouse is automatically your beneficiary for any pre-retirement death benefit payable under the plan in the event of your death before retirement unless (i) you and your spouse were living separate and apart from each other at the time of your death or (ii) you file a spouse's waiver of pension rights. If you currently have a "spouse", you may nevertheless wish to designate a beneficiary to apply in the event of potential future life changes. If you do not have a "spouse" at the time of your death before retirement who is eligible for the pre-retirement death benefit in accordance with the above and have not named a beneficiary, then the pre-retirement death benefit will be paid to your estate.

I hereby appoint the following as my revocable Beneficiary (or Beneficiaries) to receive the value of my pension account in the event of my death before my retirement:

Legal Name: _____ **Relationship:** _____
last name given names

Address: _____
apt. no. number/street city province postal code

Is your Beneficiary a minor? () Yes () No **If yes, please appoint a Trustee:** _____

U. A. LOCAL 787 PENSION PLAN

FORMER SPOUSE ENTITLEMENT

If you have a former spouse who was your spouse during your membership in this Pension Plan, attach a copy of the Domestic Contract or Court Order (under the Family Law Act) that outlines the rights of your former spouse with respect to your Pension Plan benefits.

MEMBER DECLARATION

I hereby apply for membership in the above named Plans and agree to abide by the terms and conditions thereof.

Subject to the provisions of any law or government regulation which applies, I reserve the right to change my beneficiary/beneficiaries, including my spouse, under any or all of the above noted Plans. My appointment of a new beneficiary/beneficiaries shall revoke any previous beneficiary designations I have made.

I understand that it is my responsibility to advise the U.A. Local 787 Benefit Plans Administration Office in writing, of any changes with respect to the status of my Spouse, or Dependents, and to make any necessary changes regarding designation of beneficiary.

I certify that the information provided is true and complete to the best of my knowledge.

Dated this _____ day of _____, 20____.

Signature of Member

Signature of Witness

Name of Witness (please print)

PRIVACY STATEMENT

The Board of Trustees of the UA Local 787 Health Plan, Pension Plan and Vacation Pay Plan (the “Benefit Plans”) collects the information on this form for the purpose of administering the Benefit Plans in accordance with the relevant Trust Agreements, Plan Documents, legislative requirements and the Trustees' fiduciary and other legal obligations. The Trustees will not use or disclose personal information for any other purpose, except with the consent of the member or where permitted or required to do so by law.

Social Insurance Numbers are collected for income reporting purposes as required by law.

In accordance with its Privacy Policy, the Board of Trustees will disclose such personal information to third parties as is necessary for the administration of the Benefit Plans.

For a copy of the Board of Trustees' Privacy Policy or for more information, please contact one of the Board of Trustees' Chief Privacy Officers:

Susan Bird
Employee Benefit Plan Services Limited
45 McIntosh Drive, Markham, Ontario L3R 8C7;P
phone: 905-946-2220 or 1-866-946-2220
email: sbird@mcateer.ca

Mr. Randy Pye (member of the Board of Trustees)
U.A. Local 787
419 Deerpark Drive, Brampton Ontario, L6T 5K3
phone: 905-790-1019 (ext. 240); email: randy@ualocal787.org

See page 1 for the Plan Administration Office contact information.

By signing below, you consent to the use of your personal information collected on this form and in other Benefit Plan or Insurance Company forms for the purposes identified above. Subject to contractual or legal restrictions, you may withdraw or refuse consent. Refusal or withdrawal of consent may prevent the provision of benefits to you and/or your beneficiaries.

I hereby consent to the collection, use, and disclosure of my personal information in the manner and for the purposes set out in this Privacy Statement.

Dated this _____ day of _____, 20____.

Signature of witness

Signature of member

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