ROOFERS LOCAL 30 WELFARE PLAN

Coordination of Benefits Application Form

If you have eligible Dependants listed on your Member Information Card, you must provide the Plan Administrator with the following additional information.

1. Member Information

Last Name:_____ **First / Middle Names:**_____

Social Insurance Number:_____ **Date of Birth:**_____
MM / DD / YY

Marital Status: **Single** ☐ **Married** ☐ **Common Law** ☐ **Divorced** ☐ **Separated** ☐ **Widowed** ☐

2. Spouse's Information

Last Name:_____ **First / Middle Names:**_____

Date of Birth:_____
MM / DD / YY

☐ **My Spouse Is Not Employed And Does Not Have Any Coverage Under Any Benefits Plan**

☐ **My Spouse Is Employed, But Does Not Have Any Coverage Under Any Other Benefits Plan**

☐ **My Spouse Is Employed and Has Coverage Under a Benefits Plan as Indicated Below:**

☐	**Prescription Drugs:**	**Family Coverage** ☐	**Single Coverage** ☐	
☐	**Vision Care:**	**Family Coverage** ☐	**Single Coverage** ☐	
☐	**Major Medical Health Care:**	**Family Coverage** ☐	**Single Coverage** ☐	
☐	**Dental:**	**Family Coverage** ☐	**Single Coverage** ☐	

Employer:_____

Insurance Company:_____ **Policy Number:** _____

Coverage Effective Date:_____ **Coverage Termination Date:**_____
MM / DD / YY **MM / DD / YY**

I certify that the information in this form is true and complete. I understand and agree that this coverage and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information.

Plan Member's Signature: _____ Date: _____

Employee Benefit Plan Services, 45 McIntosh Drive, Markham, Ontario L3R 8C7
Telephone: (905) 946-9700 • Toll Free: 1-800-263-3564 • Fax: (905) 946-2535

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the relevant privacy legislation. The Plan may use and exchange information with third parties or organizations (health professionals, institutions, investigative agencies, insurers, re-insurers, regulators, legal counsel) in order to manage the Plan and entitlement to the Benefits of the Plan.