UA Local 67 Welfare Plan

ENROLMENT / CHANGE FORM

Members must complete this form in full to enroll into the Welfare Plan OR for existing plan members to change their previous information. The latest form will replace any previous forms. PLEASE PRINT CLEARLY

1. Form Type

Check one option.

Please indicate if you are:

a) ☐ New Member

b) ☐ Making a change Reason?_____ Effective date:_____ mm/dd/yyyy

2. Member Details

Indicate your legal name, complete mailing address and your marital status.

Supporting documents may be required for your spouse. See page 4.

Last name **First name** **Middle initial**

_____

Gender: ☐ Male ☐ Female ☐ Undisclosed ☐ Other **Date of birth:**_____ mm/dd/yyyy

Union Membership Number

Social Insurance Number:_____

Street address:_____

City:_____ **Province:**_____ **Country:**_____ **Postal Code:**_____

Phone:_____ **Email:**_____

Marital Status: ☐ **Single** ☐ **Legally Married** ☐ **Common Law (12 months)**

3. Spouse Details

Indicate the legal name of your spouse and the details if they have a group benefit plan

Last name **First name** **Middle Initial** **Date of birth:** mm/dd/yyyy **Gender:** ☐ Male ☐ Female ☐ Undisclosed ☐ Other

Complete mailing address, if different than yours:

_____

If your Spouse has group benefits through their employer, indicate:

Insurer:_____ **Plan #:**_____

Health Benefits: Single ☐ Family ☐ None ☐

Dental Benefits: Single ☐ Family ☐ None ☐

4. Child Details

A child is defined as:
a) Under age 21; or
b) Age 21-25 and attending a full time school; or
c) Age 21 or over and disabled.

Indicate the legal name of your children; the details if they are over age 21; or if they are not in your primary custody and are covered under another group plan.

Supporting Documents may be required for your children. See page 4.

Last name	First name	Date of birth: mm/dd/yyyy	Gender:	If over age 21:
			☐ Male ☐ Female ☐ Undisclosed ☐ Other	☐ Full-time Student ☐ Disabled
			☐ Male ☐ Female ☐ Undisclosed ☐ Other	☐ Full-time Student ☐ Disabled
			☐ Male ☐ Female ☐ Undisclosed ☐ Other	☐ Full-time Student ☐ Disabled
			☐ Male ☐ Female ☐ Undisclosed ☐ Other	☐ Full-time Student ☐ Disabled
			☐ Male ☐ Female ☐ Undisclosed ☐ Other	☐ Full-time Student ☐ Disabled

If any of your eligible children are not in your primary custody,

Please indicate if they have group benefits through a:

Health Benefits Yes ☐ No ☐

Dental Benefits: Yes ☐ No ☐

☐ **Parent who has primary custody of the child**

☐ **Spouse of the parent who has primary custody of the child**

Name(s) of applicable children:_____

Supporting documentation may be required to enroll your Spouse or Children, see page 4 if applicable.

11/2022

5A. Beneficiary Designation

This section is to be completed by the plan Member and must be completed to designate a beneficiary for your life insurance, if applicable.

If any of your beneficiaries are a minor or lack legal capacity, review and complete section 5C, if applicable.

Crossed off names must be initialed.

I hereby revoke all previous beneficiary designations and designate the following beneficiary(ies).

Primary Beneficiary(ies)

Last name	First name	Middle Initial	Relationship to the plan member:	Percent Allocated (Must = 100%)

To be divided as follows: ☐ As per the percentage indicated above, or
☐ In equal shares to the survivor(s)

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the beneficiary designation of my spouse:
☐ Revocable, I may change this beneficiary designation at any time.

5B. Contingent Beneficiary Designation

If you wish to appoint a contingent beneficiary in the event that there are no surviving primary beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiary(ies) shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Contingent Beneficiary(ies)

Last name	First name	Middle Initial	Relationship to the plan member:	Percent Allocated (Must = 100%)

To be divided as follows: ☐ As per the percentage indicated above, or
☐ In equal shares to the survivor(s)

5C. Trustee Appointment

This section only applies if you have designated a beneficiary that is a minor (under age 18 in Ontario) or a person that lacks legal capacity.

If you have named more than one minor as a beneficiary and want to appoint different trustees, attach a separate page naming the Trustees appointed to each minor and initial the page.

DO NOT COMPLETE THIS SECTION IF YOU ARE A QUEBEC RESIDENT

If you have designated a beneficiary who is a minor or who lacks the legal capacity, you may wish to appoint a trustee/administrator by completing this section. This appointment may not be suitable for all purposes. If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

I hereby appoint the following trustee to receive and hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks the legal capacity. Any such payment, to its extent, will release the insurance carrier from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in account.

Trustee Appointment (for any minor beneficiary or beneficiary that lacks legal capacity)

Last name	First name	Middle Initial	Relationship to the plan member:

For Quebec Applicants Only – Benefits payable under his pan to a beneficiary who, payment is made to a minor or lacks legal capacity, will be paid to their tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and the carrier has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section.

6. Privacy

This section explains Reliable Administrative Services Inc. (RASI)'s commitment to privacy.

For the UA Local 67 Trust Funds, the Board of Trustees recognize the importance of privacy.

Your personal information:

When you are initiated in the Union and enroll for benefits, we establish a confidential file that contains your personal information, like your name, contact information, and the coverage you have. This may also include financial or health information. Your information is kept in the offices of RASI. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to RASI.

Who has access to your personal information:

We limit access to your personal information in your file to RASI staff or persons authorized by RASI to perform their duties and or persons whom you have granted access. In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside of Canada. Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside of Canada.

What your information is used for:

Personal information we collect will be used for the purposes of determining your eligibility for Welfare Benefits for which you enroll, providing, administering, or servicing products or coverage you have, and for RASI's and it's affiliates' internal data management and analytics purposes. This may include investigating and assessing claims, paying benefits, and creating and maintaining records concerning our relationship.

If you want to know more:

Our privacy policy is posted on our website at www.reliableadmin.com Or if you have questions about our personal information policies and practices, write to our Privacy Officer at local67@reliableadmin.com

7. Consent

This section must be signed in INK by the plan member.

I hereby apply for the group benefits issued to Members of the UA Local 67 Trust Funds by multiple insurance companies.
I understand certain aspects of such coverage may be extended to my spouse and eligible dependents.
I have read and understood and agree with the contents of the section on this form entitled "Privacy".

I authorize:

- RASI and their provider to collect, use, maintain and disclose personal information relevant to this application for the purposes of group benefit plan administration, audit, assessment, investigation, claim management, underwriting ad for determining plan eligibility.
- RASI to use my social insurance number for tax reporting purposes and as an identification number where it is required for the administration of the plan.
- If applicable, RASI to correspond with me through the email address identified on this form regarding my group benefits. Note: We do not use your email address for solicitation. We are not liable for damages you may incur from a third party intercepting such correspondence. You can remove your email address at any time by contacting RASI.

If applying for coverage for my spouse and/or dependents, I confirm that I am authorized to act on their behalf.
I agree that a photocopy or electronic copy of the Consent section is as valid as the original.
I certify that the information or future information given to us is true, correct, and complete to the best of my knowledge.

Plan member signature: _____ **Date:** _____
mm/dd/yyyy

Return this *Enrollment / Change Form*, by email, mail, or in person to Reliable Administrative Services Inc. (RASI).

Reliable Administrative Services Inc (RASI)

195 Dartnall Road, Suite 102
Hamilton ON L8W 3V9
Phone: 905-387-5861
Toll-free: 1-855-387-5861
E-mail: local67@reliableadmin.com

Welfare Plan Enrollment / Change Form – **SUPPORTING DOCUMENTS CHART**

To be enrolled into the Health and Dental Plan, your dependents may require a Supporting Document to verify their eligibility.

Please review the chart below to determine if a supporting document is required to enroll your spouse or child. Or for your children to remain on if they are turning age 21 and attending school (up until age 25) or declared disabled. If applicable, please provide one of the approved supporting document options for each dependent along with your *Enrollment / Change Form* or as soon as your dependent becomes eligible.

Dependents (Spouse or Child): *All Dependents must reside in Canada, be insured under a Provincial Healthcare Plan (such as OHIP) and reported to the CRA (Canada Revenue Agency) as your eligible dependent.*		**Spouse** *Legally married to you, or a common-law partner. You can only have one spouse on your plan at a time.*			**Dependent Children** *The natural, legally adopted, step, or foster children of you or your approved spouse, if they are unmarried, dependent on you or your spouse for financial support, and under age 21 (under age 25 if a full-time student at a recognized and accredited educational institution). Disabled children covered under the plan prior to age 21 who continue to meet the above criteria due to a mental or physical disability are eligible to remain on your benefits. You cannot cover children from both a legal marriage and a common-law relationship at the same time unless they live with you; Or don't live with you but are fully dependent on you financially.*		
Option	**Type of Supporting Document**	**Legal spouse** Who has a different last name than the member	**Common-law** More than 12-months	**Ex-spouse** Who the member is ordered to provide benefits	**Children under age 21** Who have a different last name than the member or approved spouse	**Children ages 21 - 24** Attending a fulltime University or College	**Disabled Children** Who is declared disabled while eligible under the Welfare plan
a)	A copy of the first page of your T1 General (Income Tax Return); OR	Yes, to verify your marital status.	Yes, if you filed as common-law.				
b)	A copy of your marriage certificate; OR	Yes, if you are married for less than 1 year.					
c)	A notarized affidavit as a Statutory Declaration, (Using the provided template).	Yes, if it declares that you are legally married	Yes, if it declares that you are living in a conjugal relationship for more than 12 months.				
d)	A copy of the Court Order; OR			Yes, if it orders you to provide benefits to your ex-spouse.	Yes, if it establishes that you have legal custody or that the child is financially dependent on you.		
e)	A copy of the executed Settlement agreement.			Yes, if it agrees you to provide benefits to your ex-spouse.	Yes, if it establishes that you have legal custody or that the child is financially dependent on you.		
f)	The most recent receipt for payment of a tuition at a college or university; OR					Yes, to verify your child can remain on the plan.	
g)	A letter from the registrar's office.					Yes, to verify your child can remain on the plan.	
h)	A legal document indicating that your child is a disabled dependent.						Yes, to verify your child can remain on the plan as an adult dependent.

Additional documents may be requested to determine the eligibility of your dependents, depending on your situation.