

N.D.T. INDUSTRY HEALTH BENEFIT PLAN and PENSION TRUST FUND

ENROLMENT AND BENEFICIARY CARD

REVISED CARD - CHECK HERE _____
SEE INSTRUCTIONS OVER ➔

MEMBER INFORMATION - Please print clearly

SURNAME		FIRST NAME		INIT.	PHARMACARE REGISTRATION NO
SOCIAL INSURANCE NUMBER		BIRTH DATE (Yr. Mo. Day)		PHONE # ()	MARITAL STATUS
ADDRESS (No. Street)					
(City)		(Province)		(Postal Code)	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Union Affiliation & Local No.		Employer	Date of Employment
LIFE INSURANCE BENEFICIARY DESIGNATION I hereby designate as revocable beneficiary in the event of my death:					Relationship
MANDATORY - SEE REVERSE SIDE					
PENSION BENEFICIARY DESIGNATION **** Please see other side **** I hereby designate as revocable beneficiary in the event of my death:					Relationship
MANDATORY - SEE REVERSE SIDE					

DEPENDENT INFORMATION - List all eligible dependents

FIRST NAME (if different from Member's)	SURNAME TO MEMBER	RELATIONSHIP TO MEMBER	BIRTH DATE (Yr. Mo. Day)	STUDENT Y/N
01 Spouse*				
02 (eldest first)				
03				
04				
05				

CO-ORDINATION OF BENEFITS:

Are you covered by another benefit plan (i.e., your Spouse's plan)? NO YES
 If YES, benefits covered: _____, Spouse's SIN: _____
 Policy No(s): _____ Insurance Carrier: _____

To Protect Your Privacy: In order to verify your identity when you call the Administrator, please provide a personal fact or question along with the answer that only you would be able to answer. (i.e., your mother's maiden name, place of birth, etc.).
 Question: _____ Answer: _____

I authorize the use of my Social Insurance Number for identification purposes and I understand that D.A. Townley & Associates Ltd. collects personal information to assess eligibility for benefits; to determine and adjudicate benefits; to determine the cost and financially manage these benefits as well as to meet regulatory or contractual requirements and any Trust obligations relating to such benefits and related services provided.

DATE: _____ **MEMBER'S SIGNATURE:** _____

Completion of this card does not, in itself, entitle a Member to benefits. (Refer to the Plan booklet for details about becoming eligible for benefits)

If adding a Spouse,
 Date of marriage: _____
If adding a Common-Law Spouse,
 Date of commencement of Common-Law relationship _____
If adding children over the age of 19,
 indicate school they are attending full-time: _____

2000 JUL/06

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Administrator:
D.A. TOWNLEY
 & ASSOCIATES LTD.

- Please complete in ink and print clearly. Please fill in all information.
- LIFE INSURANCE BENEFICIARY - Enter the name of your beneficiary for the Group Life Insurance benefit.
- PENSION BENEFICIARY - **If you have a Spouse***, you MUST nominate her/him as your pension beneficiary. If you do NOT have a Spouse (or can provide a copy of the legal agreement, that waives the spousal entitlement to pension benefits), then you may designate the beneficiary of your choice.
 - *Spouse means: a) a person to whom you are legally married,
 - or b) a person with whom you have lived in a Common-Law relationship; for the minimum period as defined in the applicable province's pension legislation, immediately preceding any payment of benefits from the Pension Plan.
- For any future changes, a new enrolment card must be completed and can be obtained from your Employer or the Administrator's office.**
- Please ensure this card is completed in full and is signed and dated. Please forward the completed card to the administrator:

D.A. TOWNLEY
 & ASSOCIATES LTD.

101 - 4190 Lougheed Highway
 Burnaby BC V5C 6A8

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www.datownley.com www.ndtbenefits.org