

Teamsters Local Union No. 155 Health Benefits Plan Enrolment - Life and AD&D Insurance

Social Insurance Number _____ - _____ - _____

Member Name: _____ Date of birth _____ / _____ / _____
Last First Initial Year Month Day

Beneficiary Designation			
Name (Last, First, Initial)	Relationship	Percent	Important Notes
		%	<ul style="list-style-type: none"> If you name <u>more than one</u> beneficiary, show percentages If beneficiary is a minor, name a Trustee on his/her behalf using back of form Please use the back of form to add beneficiary contact
		%	
		%	
		%	

Authorization

I authorize the use of my Social Insurance Number for the plan administration and group insurance purposes.

I authorize any person or organization to release and exchange records or knowledge of me and my beneficiaries to the Trustees of the Teamsters Union Local No. 155 Benefits Plan and their insurance carrier(s) as necessary for the purposes of this enrolment, the contract, and any subsequent claim. I authorize the same parties to consult the files they already hold concerning me for such purpose.

Member Signature _____ Date _____

Witness Signature _____ (the witness must **NOT** be a beneficiary)

0572.009 52-20-407 11/21 CUPE 1816

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Trustee Designation (if appointed beneficiary is a minor)

_____ Relationship _____ Trustee Phone Number _____
Full Legal Name

_____ Trustee Mailing Address _____ Trustee Email Address _____

TRUSTEE APPOINTMENT FOR MINOR BENEFICIARY (IES) UNDER AGE 18

I appoint the above trustee to receive and to hold in trust, on behalf of any beneficiary who is a minor at the time of payment, money payable to the beneficiary under this Plan. (Note: May not be valid in Quebec — please seek legal advice accordingly.)

Beneficiary Contact Information (Optional)

Beneficiary Name (1) _____	Beneficiary Name (2) _____
Email Address _____	Email Address _____
Telephone Number _____	Telephone Number _____
Mailing Address _____	Mailing Address _____
Beneficiary Name (3) _____	Beneficiary Name (4) _____
Email Address _____	Email Address _____
Telephone Number _____	Telephone Number _____
Mailing Address _____	Mailing Address _____