

Canadian Elevator Industry Welfare Plan
MEMBER INFORMATION CHANGE FORM



Please fill in your Last and First Name, as well as your Certificate Number and complete **ONLY** the information that has changed. Sign and return to the Plan Administrator.

Last Name		First Name		Date of Birth Day Month Year		Certificate Number			
CHANGE IN: HOME / MAILING ADDRESS									
Apt	Address			City, Town or Village					
Province	Postal Code		Phone ()		Email				
UNION INFORMATION									
Date of Employment Day Month Year		Date of Plan Participation Day Month Year		Most Recent Date Joined Union Day Month Year		Local #: _____			
This Section Is To Be Completed By The Local Union Office Only									
Signature of Local Union Official and Union Seal									
CHANGE IN: MARITAL STATUS									
<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced		<input type="checkbox"/> Separated		<input type="checkbox"/> Widowed		<input type="checkbox"/> Civil Union (for Quebec only)		
If you have a spouse, complete the spousal information section below. The definition of eligible spouse can be found in your Benefit Plan Booklet.									
<input type="checkbox"/> Common Law Date of Co-habitation: Day Month Year A notarized statement confirming the status of any common-law relationship must be provided to the Plan Administrator for your common-law spouse to be eligible for benefits.				<input type="checkbox"/> Married Date of Marriage: Day Month Year					
CHANGE IN: SPOUSAL INFORMATION									
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Last Name		First Name		Middle Init.	Date of Birth Day Month Year		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
CO-ORDINATION OF BENEFITS INFORMATION:				***Please provide information for ALL required fields***					
Are your spouse and children, if any, covered for health and dental with another insurance company through your spouse's employer?				NO <input type="checkbox"/>		YES <input type="checkbox"/>		Single OR Family	
								Health <input type="checkbox"/> <input type="checkbox"/> Drugs <input type="checkbox"/> <input type="checkbox"/> Vision <input type="checkbox"/> <input type="checkbox"/> Dental <input type="checkbox"/> <input type="checkbox"/>	
				Spouse's Insurance Company:		Policy #		Spouse's Coverage Effective Date:	

PLEASE COMPLETE BOTH SIDES OF THIS FORM
SIGN AND RETURN TO YOUR LOCAL UNION



CHANGE IN: DEPENDENT INFORMATION

Add	Change	Delete	Last Name (if different), First Name	Gender	Date of Birth (Day, Month, Year)	Student **	Disabled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**** Proof of full-time attendance at an accredited school, college or university must be provided annually if the child is over age. Please refer to your booklet.**

CHANGE IN: LIFE INSURANCE BENEFICIARY DESIGNATION


Last Name	First Name	Date of Birth			Relationship	Percentage (100%)
		Day	Month	Year		

I hereby revoke all existing beneficiary(ies) designation(s) made by me for the Canadian Elevator Industry Welfare Plan and designated the person(s) named above as my beneficiary, if then living, to receive any benefits payable under the Canadian Elevator Industry Welfare Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.


Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designation revocable). I hereby make the designation:

Revocable Irrevocable

I hereby certify that all the statements and information on this form are true.



Member's Signature



Date