

**Canadian Elevator Industry Welfare Plan
Pay-Direct Contributions/Disability Notification Form**

To Administrator: Manion Wilkins & Associates LTD
500 – 21 Four Seasons Place
Toronto, ON M9B 0A5

Contact Center: 1.866.532.8999

Administrator Use Only
Co #:
Work Month:
Hours:

Pay Direct Section

I desire to continue my coverage in the Welfare Plan for the month(s) of:		
Cheque/Money Order Amount: _____		
See reverse for Direct Banking and Credit Card Payment options		
If cheque, make payable to: Canadian Elevator Industry Welfare Plan		
_____	_____	_____
Name of Employer	Employee's Name	Social Insurance Number
Reason for requesting Pay-Direct Coverage:		
Lay- off		Date laid-off:
Extended Vacation		Date Started:
Refund Request		Date returned to work:

Disability Section

Application for continued fully subsidized health coverage:		
Disability Benefit – EI, CPP/QPP		Date Started:
UIC Sick Benefits		Date Started:
WSIB/WCB (Claim # _____)		Date Started:
WSIB/WCB Pension/Lump Settlement		Date:
Fit to Return to Work		Date:
**NOTE – You must forward, upon availability, a copy of your UIC/WCB/WSIB first cheque stub or letter confirming your disability to the Administrator or your Welfare benefits will be discontinued. You must advise the Administrator when you are: a) fit to return to work, b) in receipt of a WCB/WSIB permanent pension or a lump settlement from WCB.		

Employee Signature	Date Signed
Business Representative Signature	IUEC Local No.

PAY DIRECT – TO REQUEST A REFUND OF YOUR PAY-DIRECT PAYMENT IF YOU HAVE RETURNED TO WORK

DISABILITY – TO ADVISE THE ADMINISTRATOR THAT YOU ARE FIT TO RETURN TO WORK OR THAT YOU ARE IN RECEIPT OF A WCB/WSIB PERMANENT PENSION OR A LUMP SUM SETTLEMENT FROM WCB

THIS NOTICE MUST BE SIGNED BY AN AUTHORIZED BUSINESS REPRESENTATIVE

Pay-Direct Payment Options

Due Date: **20th of the month prior to the month of coverage**

Your Account Number: **Certificate number**

ONLINE BANKING: If you bank at TD, CIBC, Royal, Scotia, BMO, Desjardins:

Transactions may take 3-5 business days to complete.

- Payee: MANION WILKINS & ASSOCIATES LTD
- Please be certain to enter your ACCOUNT number as a reference when making your payment.
Payments received without your ACCOUNT number cannot be matched to your account.

CREDIT CARD: Visa or MasterCard

To protect your privacy, your credit card information will be used for this transaction only and will not be kept on file by the Administrator nor disclosed to any other party.

- Over the phone: 1-866-532-8999
- In Person (bring this notice with you): 21 Four Seasons Place, Etobicoke, 5th Floor; or 222 Rowntree Dairy Rd, Woodbridge, 3rd Floor.
- By Mail: complete the following information and mail this notice to 500-21 Four Seasons Place Etobicoke, ON M9B 0A5:

Card # and 3 digit security code: _____ Expiry Date _____ Phone#: _____

PERSONAL CHEQUE

Include a copy of this notice with your payment, or clearly indicate your Name and Account number on your cheque.

- Payee: **The Canadian Elevator Industry Welfare Plan,**
- Mail or Deliver (with a copy of this notice) to: 500-21 Four Seasons Place Etobicoke, ON M9B 0A5

DEBIT CARD:

In Person (bring this notice with you):

- 21 Four Seasons Place, Etobicoke, 5th Floor, or 222 Rowntree Dairy Road, Woodbridge, 3rd Floor.

Pay-Direct Coverage – Cost Table

All active members who have completed their 12 month subsidized coverage	\$307.59 + applicable taxes
--	-----------------------------