THE CANADIAN ELEVATOR INDUSTRY PENSION PLAN
AUTHORIZATION

By checking the appropriate box below, I, _____, hereby authorize the administrator for the Canadian Elevator Industry Pension Plan, to deduct the amount required to continue my benefit coverage in the Canadian Elevator Industry Welfare Plan from my monthly pension cheque, and to remit these monies to the Canadian Elevator Industry Welfare Plan. This Authorization shall be your good and sufficient authority for so doing.

In addition, by signing below I understand that:

a) If I cease to be a member of a participating Local Union "in good standing" my Local Union will notify the administrator and my Welfare Plan coverage will cease on the first of the month following the date my Union membership terminates.

b) The monthly self pay amount to be deducted from my monthly pension payment is:

For pensioners/beneficiaries in receipt of monthly pension cheques less than $2000.00

o $95.00 o $120.00

For for pensioners/beneficiaries in receipt of monthly pension cheques over $2000.00

o $140.00 o $165.00

plus applicable taxes, however, it is subject to change as deemed necessary by the Board of Trustees and that the Board of Trustees will advise me of any changes to the self payment rate by newsletter.

c) I can terminate this coverage by advising the administrator in writing by the 10th of the month prior to the month I want my coverage to cease. Otherwise, coverage will cease on the first of the second month following receipt of the notification by the administrator.

* Please refer to the member booklet (Page 38 & 39) for details of the retiree self pay provisions.

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o I wish to continue my benefit coverage in the Canadian Elevator Industry Welfare Plan.

o I do **not** wish to continue my benefit coverage in the Canadian Elevator Industry Welfare Plan. **By electing to cease my participation in the Welfare Plan, I understand that I will not be allowed to rejoin at a later date.**

Signature	Date
Name – Please Print	Address
Social Insurance Number	
Witness	

ADMINISTRATIVE USE ONLY

EFFECTIVE DATE: _____ ***DATE PROCESSED:*** _____

SIGNATURE OF ADMINISTRATOR: