

**L.I.U.N.A. LOCAL 837 HEALTH & WELFARE PLAN  
44 HUGHSON STREET SOUTH  
HAMILTON, ON  
L8N 2A7**

**MEMBER CERTIFICATE NUMBER**  
\_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN FULL BEFORE ANY CONSIDERATION OF PAYMENT FOR CLAIMS CAN BE MADE. (PLEASE PRINT CLEARLY)**

MEMBER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SEX \_\_\_\_\_

MEMBER'S SOCIAL INSURANCE NUMBER \_\_\_\_\_ MEMBER'S DATE OF BIRTH (MONTH) \_\_\_\_ (DAY) \_\_\_\_ (YEAR) \_\_\_\_

MEMBER'S ADDRESS: Number/Street/Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Area Code & Phone Number (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_ LEGALLY MARRIED \_\_\_\_ COMMON-LAW \_\_\_\_

IF YOU ARE IN A COMMON-LAW -RELATIONSHIP, HOW LONG HAVE YOU BEEN LIVING TOGETHER? MONTHS \_\_\_\_ YEARS \_\_\_\_

SPOUSE'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SEX \_\_\_\_\_

SPOUSE'S SOCIAL INSURANCE NUMBER \_\_\_\_\_ SPOUSE'S DATE OF BIRTH (MONTH) \_\_\_\_ (DAY) \_\_\_\_ (YEAR) \_\_\_\_

DOES YOUR SPOUSE HAVE OWN BENEFIT PLAN? (YES) \_\_\_\_ (NO) \_\_\_\_ EFFECTIVE DATE (MONTH) \_\_\_\_ (DAY) \_\_\_\_ (YEAR) \_\_\_\_

NAME OF SPOUSE'S INSURANCE COMPANY \_\_\_\_\_ POLICY & ID NUMBER \_\_\_\_\_

SPOUSE'S COVERAGE TYPE: SINGLE \_\_\_\_ FAMILY \_\_\_\_ SPOUSE COVERED FOR: HEALTH \_\_\_\_ DENTAL \_\_\_\_

IF YOUR SPOUSE'S BENEFITS HAVE TERMINATED WITH HER PLAN, PLEASE INDICATE DATE: (MONTH) \_\_\_\_ (DAY) \_\_\_\_ (YEAR) \_\_\_\_

**\*\*\*DEPENDENT CHILDREN – PLEASE LIST ALL DEPENDENT CHILDREN YOU WISH COVERED BELOW:**

LAST NAME	FIRST NAME	SEX	DATE OF BIRTH			RELATIONSHIP	SOCIAL INSURANCE NUMBER
			MONTH	DAY	YEAR		

**\*\*\*DEPENDENT CHILDREN AGED 21 TO 25 ATTENDING SCHOOL FULL-TIME MUST PROVIDE A CONFIRMATION LETTER FROM THE COLLEGE OR UNIVERSITY. THIS LETTER MUST BE UPDATED EACH NEW SCHOOL TERM.**

**\*\*\*ALL NEWBORN CHILDREN UNDER THE AGE OF 2 REQUIRE A SOCIAL INSURANCE NUMBER. IF YOU DO NOT HAVE ONE, YOU MUST APPLY FOR ONE AND REPORT IT TO OUR OFFICE AS SOON AS POSSIBLE.**

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_