

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

THIS FORM MUST BE COMPLETED IN FULL BEFORE ANY CONSIDERATION FOR PAYMENT OF 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 _____
(Including apartment or unit number)

City & Province _____ Postal Code _____ Area Code & Phone Number (____) _____

E-MAIL ADDRESS _____

SPOUSE OR COMMON-LAW SPOUSE LAST NAME _____ FIRST NAME _____

SPOUSE'S SOCIAL INSURANCE NUMBER _____ SPOUSE'S DATE OF BIRTH (MONTH) ____ (DAY) ____ (YEAR) _____

***If you are not legally married, how long have you been living together?** _____ MONTHS _____ YEARS

DOES YOUR SPOUSE HAVE OWN BENEFIT COVERAGE? (YES) ____ (NO) ____ EFFECTIVE DATE _____

IF YOUR SPOUSE'S BENEFITS HAVE TERMINATED WITH HER COMPANY, PLEASE INDICATE DATE (MONTH) ____ (DAY) ____ (YEAR) _____

NAME OF INSURANCE COMPANY, POLICY AND ID NUMBER _____

SPOUSE INSURED FOR: SELF ____ FAMILY ____ SPOUSE COVERED FOR: VISION ____ DENTAL ____ ORTHODONIC ____ DRUGS ____

OTHER (Please specify) _____

DEPENDENT CHILDREN – PLEASE LIST ALL DEPENDENT CHILDREN YOU WISH COVERED

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. IF YOUR CHILD DOES NOT HAVE SOCIAL INSURANCE NUMBER, YOU MUST APPLY FOR ONE AND REPORT IT TO OUR OFFICE AS SOON AS POSSIBLE.

MEMBER'S SIGNATURE _____ DATE _____