

**LABOURERS' LOCAL 837 HEALTH AND WELFARE TRUST FUND**  
**RETIREE BENEFIT PLAN**

Mail all claims to:

**LABOURERS' LOCAL 837 RETIREE BENEFIT PLAN**  
**44 HUGHSON STREET SOUTH**  
**HAMILTON, ONTARIO L8N 2A7**  
**(905) 529-1116**

(Please Attach All Original Receipts)

(PLEASE PRINT)

<u>Member's Name</u>	<u>Member Number</u>	<u>Date of Birth</u>	
<u>Member's Address</u>	<u>City</u>	<u>Province</u>	<u>Postal Code</u>

**Check here to use your Health Care Spending Account to reimburse any unpaid portion of this claim.**

Comments/Concerns:

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**

I certify that the information given on this form is true, correct and complete to the best of my knowledge. I understand LIUNA Local 837 and the Labourers' Local 837 Health and Welfare Trust Fund (the "Fund") will use the personal information on this form and any other personal information they hold about me and my eligible dependents for the purposes of claims processing and adjudication. I acknowledge and agree that personal information about me and my eligible dependents may be collected, used and exchanged between Local 837 and the Fund and any other person or organization related to this claim or the administration of my Retiree Benefit Plan. This includes health care professionals, institutions, investigative agencies, insurers/re-insurers, government organizations or regulatory bodies. I understand I may revoke this consent at any time and acknowledge that should I do so, this claim may not be considered.

If applying for my spouse and/or dependents, I confirm that I am authorized to act on their behalf and therefore this consent and authorization also applies to the collection, use and communication of their personal information for the same purposes. I understand that claims made under the Retiree Benefit Plan are submitted through me as the plan member. I therefore authorize the Fund to exchange information about these claims with me or any person acting on my behalf, including a spouse or dependent, as deemed necessary for the purpose of confirming eligibility and assessing and managing the claim.