

# TELECOMMUNICATION WORKERS BENEFIT PLAN CANCELLATION OF COVERAGE

#303-4603 Kingsway, Burnaby, B.C. V5H 4M4

**MEMBER NAME:** \_\_\_\_\_ **SIN:** \_\_\_\_\_  
(PLEASE PRINT) (Surname)

**GIVEN NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
(IN FULL)

**PREVIOUS NAME:** \_\_\_\_\_  
(IF APPLICABLE)

**ADDRESS:** \_\_\_\_\_

**CITY/PROV:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

<b>DATE OF BIRTH :</b>	MONTH	DAY	YEAR	<b>SEX:</b> MALE <input type="checkbox"/>	<b>EMPLOYEE</b>	<input type="text"/>
				FEMALE <input type="checkbox"/>	<b>ID:</b>	

- TEMP MEMBER (PLAN B)** - Group Life Insurance & Survivor Income Benefit
- REGULAR MEMBER (PLAN B & C)** - Group Life Insurance & Survivor Income Benefit & Short Term Disability Benefit

If you wish to withdraw from the Plan on the foregoing basis, please complete this form, sign the acknowledgment below, and complete the waiver form. We will notify Telus Payroll to stop deductions to the Benefit Plan at the effective date. (*Note: This cancellation form cannot be backdated*).

At a future date, you may again become a participant of the Plan only on submission of the required medical evidence, satisfactory to BC Life & Casualty Co.

**I hereby acknowledge that I fully understand the basis described in this form upon which my participation in the Plan will terminate, and I confirm my desire to cease participation.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**MEMBER SIGNATURE**

**RETURN ORIGINAL TO:** T.W. BENEFIT PLAN  
303-4603 KINGSWAY, BURNABY, B.C. V5H 4M4

**PHONE:** 604-430-3300  
**FAX:** 604-430-5395