

# TELECOMMUNICATION WORKERS BENEFIT PLAN WAIVER

#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>	

I, the above employee, hereby certify that:

**Check one**

1. I have been given the opportunity to participate in the above-mentioned Plan, I understand fully the benefits available to me under the Plan and I decline to participate. I also understand that any future application I may make will be subject to evidence of insurability at my expense.
2. I wish to withdraw from the Plan, with immediate effect, and I understand that no benefits will be payable from the Plan in the event of my death after this date, I also understand that if I wish to again participate and be covered for group life insurance it will be subject to evidence of insurability at my expense.

\_\_\_\_\_  
**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