

**TELECOMMUNICATION WORKERS BENEFIT PLAN
SHAW - PART D CATV GROUP**

#303 – 4603 Kingsway, Burnaby, BC V5H 4M4
430-3300 Fax: 430-5395

ADDRESS CHANGE and BENEFICIARY INFORMATION SHEET

SECTION 1 - MEMBER INFORMATION

Last Name: _____ S.I.N.: _____

Given Name: _____ Phone: _____

Address: _____

City/Prov. _____ Postal Code: _____

SECTION 2 - DEPENDANT INFORMATION

For Medical, Extended Health and Dental Benefits. (See booklet for definition of dependant.)

If spouse has benefits through their Employer, please also complete a Coordination of Benefits Form.

Spouse Name: _____ Date of Birth: _____

Children's Names:

1. _____ Date of Birth: _____ Student? _____

2. _____ Date of Birth: _____ Student? _____

3. _____ Date of Birth: _____ Student? _____

SECTION 3 - BENEFICIARY INFORMATION

For Life Insurance Benefits

Name of Beneficiary: _____ Relationship: _____

Address: _____ Phone: _____

Member's Signature

Date