

# TWU-USW EMPLOYEE LIFE AND HEALTH PLAN APPLICATION CARD

**#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</b>	MONTH	DAY	YEAR	<b>SEX:</b> MALE <input type="checkbox"/>	<b>EMPLOYEE</b>	
<b>BIRTH :</b>				FEMALE <input type="checkbox"/>	<b>ID:</b>	

**Check one of the following:-**

I, the above-named employee hereby elect to participate in the above Plan and I hereby authorize the necessary deductions from my earnings.

I have been give the opportunity to participate in the above Plan and I decline to participate. I understand that participation in the Plan at a future date will be subject to such terms and conditions as the Trustees shall apply.

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

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

**RETURN ORIGINAL TO:** TWU-USW ELHP  
303-4603 KINGSWAY, BURNABY, B.C. V5H 4M4

**PHONE:** 604-430-3300

