

TWU-USW EMPLOYEE LIFE AND HEALTH 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:** _____

DATE OF BIRTH :		MONTH		DAY		YEAR	SEX: MALE <input type="checkbox"/>	EMPLOYEE	<input style="width: 100%;" type="text"/>
							FEMALE <input type="checkbox"/>	ID:	

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

PHONE: 604-430-3300