

Pile Drivers and Divers Health & Welfare Plan Enrolment - Life and AD&D Insurance

Social Insurance Number

Member Name: _____ Date of birth _____
Last First Initial Year Month Day

Beneficiary Designation			
Name (Last, First, Initial)	Relationship	Percent	Important Notes
		%	If you name more than one beneficiary, show percentages If beneficiary is a minor, name a Trustee on his/her behalf
		%	
		%	
		%	

Authorization

I authorize the use of my Social Insurance Number for the plan administration and group insurance purposes.

I authorize any person or organization to release and exchange records or knowledge of me and my beneficiaries to the Trustees of the Pile Drivers and Divers Health & Benefit Plan and their insurance carrier(s) as necessary for the purposes of this enrolment, the contract, and any subsequent claim. I authorize the same parties to consult the files they already hold concerning me for such purpose.

Member Signature _____ Date _____

Witness Signature _____ (the witness must **NOT** be a beneficiary)