



U.A. LOCAL 71 HEALTH & WELFARE AND PENSION TRUST FUNDS

To: U.A. Local 71 Members applying for retirement benefits
Re: Member Election Form

Section A: Plan member information

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			CITY	PROVINCE
EMAIL ADDRESS			RETIREMENT DATE (YYYY/MM/DD)	S.I.N.
TELEPHONE		DATE OF BIRTH (YYYY/MM/DD)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		IF COMMON-LAW, CONFIRM DATE OF CO-HABITATION (YYYY/MM/DD)		
Marital Status: <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE				

Section B: Health & Welfare coverage selection

My coverage under the U.A. Local 71 Health & Welfare Plan is currently in force. I understand that I may continue to participate in the Plan following my retirement provided I have participated in the Health and Welfare Plan for the two years immediately preceding my effective date of retirement. As a retired member, all coverage will be provided to age 65 with the exception of the weekly indemnity and long term disability benefits which I will no longer fund, or be eligible for, as of my effective date of retirement. At age 65, I will have the option to maintain extended health care and dental care benefits, or just extended health care benefits on a self-pay basis. Should I continue to work beyond age 65, all coverage except extended health care and dental care benefits will be terminated one month following the month in which 40 hours or less have been reported on my behalf.

To maintain benefits as stated above, I understand that I am required to pay the applicable monthly premium. The premium, for retired members under the age of 65, is currently \$305.43 plus applicable taxes. (Ontario residents add 8% RST, Quebec residents add 9% QST and Saskatchewan residents add 6% PST.) I may choose to have the monthly premium deducted from my monthly pension by completing the authorization form on the back of this form. A monthly benefit statement will be mailed to my home address.

My coverage under the U.A. Local 71 Health & Welfare Plan is no longer in force or I do not have the required years of participation in the Plan. I understand that benefits may be reinstated following the accumulation of 280 hours with a participating employer.

Note: Post-dated cheques are payable to the U.A. Local 71 Benefit Trust Fund. Pre-authorized payments are the preferred method of payment.

Section C: Pension contributions following my return to work for a participating employer

By signing and dating section D of this form, I acknowledge and understand that pension contributions remitted on my behalf for hours worked for a participating employer on or after my effective date of retirement under the U.A. Local 71 Pension Plan will be deposited into my Defined Contribution (DC) plan account. These post-retirement contributions will be held in a separate account and will not affect the Defined Benefit (DB) portion of the Plan.

Section D: Authorizations & Declarations

I authorize Coughlin & Associates Ltd. ("Coughlin") to use my Social Insurance Number for the purposes of government reporting, identification and administration of my plan; I authorize Coughlin to collect, use, maintain and disclose my personal information with the following persons, organizations or parties: health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies and their reinsurers and/or service providers; employers or former employers; my local union and auditors; and the plan administrator Coughlin for the purposes of group benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility. When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE (YYYY/MM/DD)

Protecting your personal information Coughlin & Associates Ltd recognizes and respects every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us. We use the information to administer the group benefit plans. Your information is kept in a secure environment. We limit access to any party normally recognized by law and accepted privacy guidelines (i.e., PIPEDA; the courts; somebody you authorize; etc).



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U.A. Local 71 Pension Payment Deduction Options

Membership Dues and Retiree Health and Welfare Plan Premiums

A monthly payment is required from you to maintain your membership in the U.A. Local 71. A payment is also required for retiree coverage under the U.A. Local 71 Health and Welfare Plan. You may choose to have either or both of these monthly payments deducted automatically from your monthly pension payment.

Maintaining your membership in the U.A. Local 71 is a minimum requirement for retiree benefit coverage under the U.A. Local 71 Health and Welfare Plan, the International U.A. Burial Expense Benefit and any future pension increases.

If you do not wish either of these optional deductions, or if you are no longer a member in good standing of the U.A. Local 71, please disregard this form.

If you complete this form, please continue to make payments in the normal fashion until your new pension payment statement confirms the commencement of the applicable deduction. (The deductions will appear in the "Union Dues" and "Benefit Premiums" boxes on your new statement.)

I authorize Coughlin & Associates Ltd. on behalf of the U.A. Local 71 Health and Welfare Plan administration office to deduct from my monthly pension payment the amount required to maintain (please check all that apply):

- My monthly membership dues payable to the U.A. Local 71.
- The monthly premium required to maintain retiree coverage under the U.A. Local 71 Health and Welfare Plan.

The deduction(s) chosen above will commence on the later of the next pension payment or the month for which membership dues and / or Health and Welfare Plan premiums are required (if you have already paid in advance).

This authorization remains in effect unless cancelled in writing by the undersigned.

Member's signature: _____

Date (YYYY/MM/DD): _____