



Submit to: LiUNA Local 506 Trust Administration | 3750 Chesswood Dr. - Suite 1 | Toronto, ON M3J 2W6 | Tel: (416) 506-8841 | Email: info@506membersbenefits.ca

A. Member Information (Please Print)

Last Name:	First Name:	Gender:	Male	Female	
Address:		Date of Birth (m/d/y):			
Town/City:	Province:	Postal Code:			
Union ID <i>or</i> Social Insurance Number (SIN):		Telephone #:			
Email Address:		Cell #:			
Marital Status:	Married/Common-Law	Single	Plan:	Construction	Industrial

B. Replacement Benefit Card (Please Print)

My Benefit Drug Card was:

Lost
 Stolen
 Damaged
 Never Received

Other (Please specify): _____

Drug Replacement Card for:

Member
 Member Name: _____
 Member's Date of Birth: _____

Spouse
 Spouse's Name: _____
 Spouse's Date of Birth: _____

C. Member Disclosure Authorization (Please Print)

The prescription drug benefit card is not to be passed on or to be used by anyone other than yourself or your approved dependents under your coverage.

Member Name: _____ Date: _____
(Please Print)

Member Signature: _____ Witness: _____

OFFICE USE ONLY

Group No: _____ No. of Requests: _____