



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		Birth Date (m/d/y):		
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. Dependent Information (Please Print)

In the boxes below, please list the relationship status, name and birth of all individuals

Name of Dependent	Relationship to Member (spouse, child etc.)	Birth Date			Address
		Day	Month	Year	

C. Guardian Information (Please Print)

I _____ authorize all cheques on behalf of the aforementioned dependents to be made payable to:

Name: _____

Address: _____

D. Disclosure Member Authorization

I authorize LiUNA Local 506 Trust Administration and Great-West Life to accept any and all medical/dental claims from the Guardian listed above, on behalf of all aforementioned dependents, as well as further direct LiUNA Local 506 Trust Administration to assign all eligible benefits for the listed dependents.

In order for these services to be considered for payment, the dependent must remain eligible according to the policy guidelines and the claims submitted must also meet the criteria for eligibility. This direction is to remain in force indefinitely or until otherwise directed by me in writing to LiUNA Local 506 Trust Administration.

Member Name: _____ Date: _____
(Print Name)

Member Signature: _____ Witness: _____