



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): _____
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. Claim Information (Please Print)**

W.S.I.B. Claim No. : \_\_\_\_\_

Company Name: \_\_\_\_\_

Name of Employer : \_\_\_\_\_

Location of Accident : \_\_\_\_\_

Date of Accident : \_\_\_\_\_

**C. Employer Disclosure Authorization**

Please complete and return this form with your monthly remittance to:

**LiUNA Local 506 Trust Administration**  
**ATTN: Administration**  
**3750 Chesswood Dr. - Suite 1**  
**Toronto, ON M3J 2W6**

\*Failure to send this form in may result in your employee being denied fund assistance.

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Employer Signature: \_\_\_\_\_ Witness: \_\_\_\_\_