

**MILLWORKERS HEALTH & WELFARE PLAN (CEP)  
REGISTERED PENSION PLAN FOR THE CEPICMAW UNION OF CANADA (CONSTRUCTION)**

1. Please complete in ink and print clearly. Please fill in all information.
2. LIFE INSURANCE BENEFICIARY - Enter the name of your beneficiary for the Group Life Insurance benefit.
3. PENSION BENEFICIARY - **If you have a Spouse\***, you **MUST** nominate her/him as your pension beneficiary.  
If you do NOT have a Spouse (or can provide a copy of the legal agreement, that waives the spousal entitlement to pension benefits), then you may designate the beneficiary of your choice.  
\*Spouse means:  
or  
a) a person to whom you are legally married,  
b) a person with whom you have lived in a Common-Law relationship; for the minimum period as defined in the applicable provincial pension legislation, immediately preceding any payment of benefits from the Pension Plan.
4. DEPENDENTS - List all eligible dependents including your Spouse\*  
\*Spouse means:  
or  
a) a person to whom you are legally married to,  
b) a person with whom you are living in a Common-Law relationship.  
Dependent children: Please list your eldest child first.
5. **For any future changes, a new enrolment card must be completed and can be obtained from your Union office or the Administrator's office.**
6. Please ensure this card is completed in full and is signed and dated. Please forward the completed card to the Administrator:



**D.A. TOWNLEY  
& ASSOCIATES LTD.**

101 - 4190 Lougheed Highway, Burnaby, BC V5C 6A8  
Phone: (604) 299-7482 Fax: (604) 299-8136 Toll-Free: 1-800-663-1356  
www.cepbenefits.org



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**ENROLMENT CARD AND BENEFICIARY DESIGNATION**

REVISED CARD - CHECK HERE

Please ensure this card is completed in full and that you have signed and dated it. When card is fully completed - mail to the Administrator of the Plan.

**MEMBER INFORMATION** - Please print clearly

SURNAME		FIRST NAME		INIT.	SEX	PHARMACARE REGISTRATION NO.	
SOCIAL INSURANCE NUMBER		BIRTHDATE (Yr.Mo.Day)	PHONE NUMBER ( )		LOCAL	OCCUPATION	
ADDRESS (No. Street, City, Province, Postal Code)							
<b>LIFE INSURANCE BENEFICIARY DESIGNATION</b> I hereby designate as revocable beneficiary in the event of my death:						RELATIONSHIP	
<b>PENSION BENEFICIARY DESIGNATION **Please see top of form**</b> I hereby designate as revocable beneficiary in the event of my death:						RELATIONSHIP	

**To Protect Your Privacy:** In order to verify your identity when you call the Administrator, please provide a personal fact or question along with the answer that only you would be able to answer. (i.e., your mother's maiden name, place of birth, etc.)

Question: \_\_\_\_\_ Answer: \_\_\_\_\_

I authorize the use of my Social Insurance Number for identification purposes and I understand that D.A. Townley & Associates Ltd. collects personal information to assess eligibility for benefits; to determine and adjudicate benefits; to determine the cost and financially manage these benefits as well as to meet regulatory or contractual requirements and any Trust obligations relating to such benefits and related services provided.

DATE: \_\_\_\_\_ MEMBER'S SIGNATURE: \_\_\_\_\_

Completion of this card does not, in itself, entitle a Member to benefits. (Refer to the Plan booklet for details about becoming eligible for benefits)

**DEPENDENT INFORMATION** - List all eligible dependents

FIRST NAME	SURNAME (if different from Member's)	RELATIONSHIP TO MEMBER	BIRTHDATE (Yr.Mo.Day)	STUDENT Y/N
01 Spouse*				
02 Dependent Children (eldest first)				
03				
04				
05				
06				
07				

**CO-ORDINATION OF BENEFITS:**

Are you covered by another benefit plan (ie: your Spouse's plan)?  NO  YES  
If YES, benefits covered: \_\_\_\_\_, Spouse's SIN: \_\_\_\_\_  
Policy No (s) \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

*If adding a Spouse,*  
Date of marriage: \_\_\_\_\_  
*If adding a Common-Law Spouse,*  
Date of commencement of Common-Law relationship \_\_\_\_\_  
*If adding children over the age of 21, indicate school they are attending full-time:*  
\_\_\_\_\_

\* Common-Law Spouses and their children **may be** covered with a minimum co-habitation period which is outlined in your group policy.