

# Teamsters' National Benefit Plan (the Plan)

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## APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

The Plan office has received an Authorization Form from your employer to enroll you in the Plan. To establish your record, please complete this 2-sided form and return it to the Plan office along with a **copy of any government issued photo ID**. Your welcome package will be sent to you upon receipt of this form.

EMPLOYEE DATA				
LAST NAME		FIRST NAME		MIDDLE NAME
DATE OF BIRTH  _____ - _____ - _____ <i>day month year</i>		GENDER (please check)  <input type="checkbox"/> Male <input type="checkbox"/> Female		SOCIAL INSURANCE #  _____ - _____ - _____
MAILING STREET ADDRESS		APT #	CITY	PROVINCE      POSTAL CODE
RESIDENTIAL ADDRESS IF DIFFERENT				
DAYTIME TEL # (____) _____ - _____ <i>Home / Cell</i>		ALTERNATE TEL # (____) _____ - _____ <i>Home / Cell</i>		EMAIL ADDRESS
EMPLOYMENT STATUS				
EMPLOYER			REGULAR EMPLOYEE or OWNER-OPERATOR	
Have you been covered under the Plan in the past 30 days? ____ (yes) ____ (no) If yes, please provide the name of previous employer? _____				
<b>ELIGIBLE DEPENDENTS:</b> <ul style="list-style-type: none"> <li>* Your spouse or common-law spouse who resides with you.</li> <li>* Children under the age of 21 who are your biological children.</li> <li>* Children of common law spouse under the age of 21 provided the child relies principally on you for support and resides with you.</li> </ul>				
DEPENDENTS – please list all eligible dependents				
LAST NAME	FIRST NAME	GENDER (M / F)	DATE OF BIRTH dd/mm/yy	RELATIONSHIP TO YOU (spouse or child)
<b>IMPORTANT NOTE:</b> Dependent children may be covered until the end of the month at which they turn 21 years of age. They may continue to be eligible beyond that until the maximum age of 25 provided they are in full-time studies. Please contact the Plan office for further information.				

