



Carpenters' Residential Benefit Plans

Local 1030

45 McIntosh Drive, Markham, Ontario L3R 8C7

DIRECT DEPOSIT AND E-NOTIFICATION REQUEST FOR ALL HEALTH AND WELLNESS FUNDS & VACATION PAY

INITIAL REQUEST

CHANGE REQUEST

MEMBER PERSONAL INFORMATION

MEMBER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (HOME): _____ PHONE (CELL): _____

REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, please complete the information below OR submit a void cheque. In both cases, please sign the authorization.

DEPOSIT TO (BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

BRANCH NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

As the beneficiary paid under my Health Plan, I hereby authorize the Carpenters' Health and Wellness Trust Fund and the Local 1030 Vacation Pay Trust Fund to deposit these sums in my bank account, whose particulars appear above, or on the enclosed cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with the request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me.

This authorization, which takes effect on date below, is valid for all the other active bank accounts in this or any other financial institution that I may name in the future.

Member's Signature _____

Date: (DD/MM/YYYY) _____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION FOR DIRECT DEPOSIT

Subscribing to e-notification means you will be notified by email of the status of your Health benefit.

To subscribe to e-notification or to change your email address, please complete the information below. Fill in the section that corresponds to the address where you want to receive your notifications. **Please provide ONE email address and indicate if it's a home or work email.**

Email Address: _____

___ Home ___ Work

Please e-mail the completed Direct Deposit and E-Notification Request or a Void Cheque to the Plan Administration Office at benefits@carpentersresidential.ca or by mail using the enclosed postage paid envelope. All emails containing personal information must be encrypted.

If you need help encrypting this document, please visit carpentersresidential.ca/encrypt

Privacy Statement: The Carpenters' Residential Benefit Plans (called "the Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.