

Carpenters & Allied Workers Union Local 27 - Productivity Bonus Trust Fund 45 McIntosh Drive, Markham, Ontario, L3R 8C7

Member's Request for the Interim Payment of Productivity Bonus Monies

Plan Me	ember Name		
Plan Me	ember Union ID		_
on my behalf. I und the additional ad I am a Member ir	derstand that this Interim Payme Iministration costs of my request	ent of Productivity Bonus wi tand that the approval of this rec nsent to the collection, com	thave been made by Contributing Employers, ill be reduced by \$50.00 in order to cover equest is subject to the Union's confirmation that inmunication (in this case to the Union) and I would like my payment:
☐ Direct deposited into my bank account (if you have not provided t with your banking information, please provide your banking information submit a void cheque along with this form)			
	 Transit Number	Institution Number	Account Number
	☐ Mailed to my home address (must provide current address below)		
I consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.			
Plan Member's Signature		Date	
e-mailed to bene	e faxed to the Plan Administra efits@carpentersresidential.ca esidential.ca/encrypt/ if you i	ca with the form encrypted/p	
Union 27 is requir	red to verify your Membership st er in Good Standing is received rmation. <u>UNIO</u> Fo	tatus. Your payment will not be	
	nion 27, Authorized Signature ning Union Membership Status		 Date

Privacy Statement: The Carpenters' Residential Benefit Plans (called "the Plans/Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans/Plan or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans/Plan. Personal information will be protected pursuant to the applicable legislation. The Plans/Plan 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, reinsurers) in order to manage the Plans/Plan and entitlement to the benefits of the Plans/Plan, 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.