



**Carpenters & Allied Workers Union Local 27 (Caulking Division)
– Vacation Pay Trust Fund**

Member's Request for the Interim Payment of Vacation Pay Monies

Plan Member Name: _____

Plan Member Union ID: _____

I request the Interim Payment of the Vacation Pay Contributions that have been made by Contributing Employers, on my behalf. I understand that this Interim Payment of Vacation Pay will be reduced by **\$50.00** in order to cover the additional administration costs of my request and that the approval of this request is subject to the Union's confirmation that I am a Member **in Good Standing**. I also consent to the collection, communication (in this case to the Union) and retention of my Personal Information for purposes of Plan administration. I would like my payment:

Direct deposited into my bank account

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

This form can be faxed to the Plan Administration Office at 905-946-2535 OR, e-mailed to benefits@carpentersresidential.ca with the form encrypted/password protected. Visit carpentersresidential.ca/encrypt/ if you need information on how to password protect a document.

Note to Plan Member: Members **in Good Standing** are permitted **one** Interim Payment of Vacation Pay per year. Local Union 27 is required to verify your Membership status. Your payment will not be processed until the Union's confirmation that you are a Member in Good Standing is received. Your Request will be processed within one week from the date we receive the Union's confirmation.

UNION MEMBERSHIP CONFIRMATION

For Local Union Completion:

The above noted Member is a Member in Good Standing.

Local Union 27, Authorized Signature
Confirming 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.