



Carpenters' Residential Benefit Plans Local 1030

2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

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.

[Click here to attach a file](#)

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 Fund and the Local 1030 Vacation Pay 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 see page 2 of this document.

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.

HOW TO ENCRYPT THIS DOCUMENT

Encryption is a must for sending personal information. You only need to use one method of encrypting a document. **If you have another way to encrypt documents, please do so if it is a trusted method of secure encryption.**

Option 1: Using Adobe's Free Online Tool

1. Click the below link to open Adobe's Online PDF Protection Tool

- o [Adobe Protect PDF](#)

2. Upload Your PDF File

- o Click on **"Select a file."**
- o **Windows:** Search for this file in File Explorer.
- o **Mac:** Search for this file in Finder.
- o Select this PDF file and click **Open**.

3. Set Your Password

- o Enter and confirm your password.

4. Apply the Password

- o Click on **"Apply"**.

5. Download the Password-Protected PDF

- o Click on **"Download"**.
- o **Windows:** Find the protected file in the "Downloads" folder.
- o **Mac:** Find the protected file in the "Downloads" folder.

Option 2: Using Paid Versions of Adobe Acrobat or Foxit PDF Editor Pro

Adobe Acrobat (Paid Version)

1. Password Protect the PDF

- o Click on **Tools** in the top menu.
- o Select **Protect**.
- o Click on **Encrypt** and then **Encrypt with Password**.
- o Enter and confirm your password.
- o Click **OK** and save the file.

Foxit PDF Editor Pro (Paid Version)

1. Password Protect the PDF

- o Click on **Protect** in the top menu.
- o Select **Secure Document**.
- o Click on **Password Protect**.
- o Enter and confirm your password.
- o Click **OK** and save the file.

Once you have password-protected this document. You may email this document to the Plan Administration Office. **Do not include the password to the document in the email. To share the password, call the Plan Administration Office at 905-946-9700.**