IUOE Local 793

Pension and Benefits Administered by OEBAC

OPERATING ENGINEERS BENEFITS ADMINISTRATION CORP

Personal Information File

Not a member of the IUOE Local 793 Union

PLAN MEMBER

This section allows you to provide your basic personal information.

Last Name	First and Middle Names	Date of Birth (yyyy-mm—dd)	Social Insurance Number	From your OEBAC Benefits Card Group #: ☐ 793 ☐ 793X Certificate #: Or, from your Employer Employee #:

Address	Unit #	City	Postal Code	Province (State)	Country

Email	Phone #	Sex	Marital Status	Married/cohabitating since (yyyy-mm-dd)
		☐ Male ☐ Female	☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widow	

DEPENDANTS FOR HEALTH AND LEGAL BENEFITS

This section allows you to define who will be entitled to your Health and Legal Benefits.

1**. Defining Dependants**: The first line is always used for you and only to define if you have another health care plan. The second line is always used for your spouse. Write "NO SPOUSE" as the Full Name if you don't have a spouse. The other lines are used for your children. Always indicate how the person is related to you, for example: son, stepdaughter, etc. Note that only your spouse and your children who are not married and (a) are under the age of 21, or (b) are under the age of 25 if they are full time students, or (c) are disabled, can be defined as Dependants.

2**. Student**: Check the appropriate box only if the Dependant is a child of yours who is enrolled as full-time student.

3**. Disabled**: Check the appropriate box only if the Dependant is a child of yours who is disabled.

4**. Other Health Care Providers**: Define here any other health provider plans that you or any of your Dependants may have. Leave the line blank if the only Health plan for this person is the one provided by IUOE Local 793. The Name of the Plan Provider, the Group #, and the Certificate # can be found in the benefits card issued by the other health care provider.

Dependant for the purpose of Health and Legal Benefits[1]					Other Health Care Providers[4] (needed to coordinate benefits)		
Relationship to Plan Member	**Full Name**	**Date of Birth (yyyy-mm-dd)**	**Student[2]**	**Disabled[3]**	**Name of the Plan Provider**	**Group #**	**Certificate #**
YOU	N/A	N/A	N/A	N/A			
SPOUSE			N/A	N/A			
			☐	☐			
			☐	☐			
			☐	☐			
			☐	☐			
			☐	☐			

DIRECT DEPOSITS

This section allows you to opt in direct deposits for payments that you may receive. The information about the bank account to use can be obtained from a cheque or from the bank.

Bank account to use		
Banking Institution (3 digits)	**Transit Number (5 digits)**	**Account Number (7 or more digits)**

INQUIRERS

This section allows you to define individuals who will be allowed to interact with us on your behalf, usually for inquiries about your Health and Legal Claims or about your Disability benefits. We will answer questions about your benefits only to you or to the appropriate individuals listed below.

Authorized Inquirer		Authorized to Inquire about	
Name of the Individual	**Relationship to You**	**Your Claims**	**Your Disability**
		☐	☐
		☐	☐

BENEFICIARIES

This section allows you to assign the percentages of the Life Insurance benefits that will be paid to the selected Beneficiaries after you die. Please note:

1. The first line is always used for your spouse. Write "NO SPOUSE" as the Full Name if you don't have a spouse.
2. The other lines are used for all the other Beneficiaries. Always indicate how the person is related to you, for example: son, daughter, stepson, mother, cousin, friend, etc. You must assign a Trustee to act on behalf of Beneficiaries who are under the age of 18.
3. You must assign the desired percentages of the benefits to each of the Beneficiaries.
4. The sum of all percentages in each column must add to 100%.
5. If you do not allocate a percentage or if the sum of the percentages is not equal to 100%, then the benefits will be divided evenly among all the Beneficiaries.
6. If no Beneficiaries are clearly indicated, then the payments will be made to your Estate.

Beneficiary			% allocation of Life Insurance benefits	Assigned Trustee (required if the beneficiary is a minor)	
Full Name	Relationship to you	Date of Birth (yyyy-mm-dd)		Full name of the Trustee and relationship with the Beneficiary (e.g. uncle, lawyer, etc.)	Phone or email of the Trustee
	SPOUSE		%		
			%		
			%		
			%		
			%		
			%		
			%		
			0.00 %		

SIGNATURE

By signing below,

- I solemnly declare that all the information provided in this form is accurate and complete and that I will promptly notify OEBAC of any changes;
- I authorize IUOE Local 793, OEBAC, and any of its service providers to use and disclose the provided information and any future additional information collected about me, my Dependants, or my Beneficiaries to process my benefits, to obtain advice, and to manage the Health and Welfare, Group Legal, and Pension Benefits Plans;
- I acknowledge that I may withdraw this consent in the future but by doing so I may prevent the delivery of my benefits; and
- I authorize OEBAC to answer questions about my Health & Welfare Benefits and about my Disability Benefits to the authorized inquirers indicated in this form.

Plan Member's Signature

Plan Member's printed name and last name

Date Signed (yyyy-mm-dd)

SENDING TO OEBAC

Please ensure you have all the required attachments to this form as described below:

- If in the DEPENDANTS section you indicated that you have a child between 21 and 25 years of age who is a full-time student, then attach a Verification of Enrollment (VOE) from the corresponding institution.
- If in the DEPENDANTS section you indicated that you have a disabled Dependant older than 21 years of age, then attach a certificate from a physician confirming the disability.
- If in the DIRECT DEPOSITS section you provided a bank account for any of the payments, then attach a void cheque from each of the provided bank accounts.
- If in the BENEFICIARIES section you selected a lawyer as a Trustee, then attach the lawyer's business card.

Once you have all the attachments described above, staple them to this form and mail everything to:

OEBAC
2201 Speers Rd., Unit 1
Oakville, ON
L6L 2X9