



# CANADIAN MERCHANT SERVICE GUILD WESTERN BRANCH BENEFIT PLAN MEMBER ELECTION FORM

**TO:** Canadian Merchant Service Guild Western Branch Plan Members applying for **retirement benefits**

**RE:** Continuation of Benefits under the Canadian Merchant Service Guild Western Branch Benefit Plan

## Section A: Plan member information

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS			CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS			RETIREMENT DATE (YYYY/MM/DD)		
TELEPHONE		DATE OF BIRTH (YYYY/MM/DD)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH
<b>Marital Status:</b> <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE			IF COMMON-LAW, CONFIRM DATE OF CO-HABITATION (YYYY/MM/DD)		

## Section B: Coverage selection

- ☐ My coverage under the benefit plan is currently in force. I understand that I may continue to participate in the Plan as a retiree on a self-pay basis. My retiree coverage will be based on my age at retirement, as follows:

### Retirement age 64 and under

Benefit	Coverage
Life insurance	\$50,000
Extended health care	included
Out-of-country coverage	included
Dental care	included
<b>Monthly premium</b>	<b>\$245.00</b>

### Retirement age 65 to 70

Benefit	Coverage
Life insurance	\$25,000
Extended health care	included
Out-of-country coverage	included
Dental care	included
<b>Monthly premium</b>	<b>\$245.00</b>

### Retirement age 70 to 75

Benefit	Coverage
Extended health care	included
Out-of-country coverage	included
Dental care	included
<b>Monthly premium</b>	<b>\$245.00</b>

### Important Notes:

- The Extended health care coverage also includes vision care and hospital care.
- Life Insurance coverage terminates on your 70th birthday.
- Extended health care, Out-of-country coverage and Dental care coverage terminates on your 75th birthday.
- A monthly invoice will be mailed to your home address.
- Pre-authorized payments are the preferred method of payment.
- If you elect not to maintain benefits, you will not have the option to re-join at a later date.
- If we do not receive your *Member Election Form* within 31 days of your retirement, you will be deemed by default to have elected not to maintain benefits and all coverage will be terminated.

- ☐ I do not wish to maintain benefits under the CMSG Western Branch Benefit Plan as stated above after retirement.

## Section C: Authorizations & Declarations

I hereby apply for coverage under the policyholder's group plan. I authorize Coughlin & Associates Ltd. ("Coughlin") to collect, use, maintain and disclose my personal information with the following persons, organizations or parties: health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies and their reinsurers and/or service providers; employers or former employers; my local union and auditors; and the plan administrator Coughlin for the purposes of group benefits plan administration, audit, assessment, investigation, claim management, under writing and for determining plan eligibility. When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE (YYYY/MM/DD)

**Protecting your personal information** Coughlin & Associates Ltd. recognizes and respects every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us (i.e., Coughlin & Associates Ltd.). We use the information to administer the group benefit plans. Your information is kept in a secure environment. We limit access to any party normally recognized by law and accepted privacy guidelines (i.e., PIPEDA; the courts; somebody you authorize; etc.).



## PLAN ADMINISTRATOR

Mailing Address: P.O. Box 3517, Stn C | Ottawa, ON K1Y 4H5 | e-mail: [info@coughlin.ca](mailto:info@coughlin.ca) | [www.coughlin.ca](http://www.coughlin.ca)  
466 Tremblay Road | Ottawa, ON K1G 3R1 | TEL.: 613-231-2266 | FAX: 613-231-2345 | Toll free: 1-888-613-1234