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

TO: Canadian Merchant Service Guild Western Branch Plan members applying for **lay-off benefits**

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

Part A Member information

NAME			SOCIAL INSURANCE NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
DATE OF BIRTH (y/m/d)	TELEPHONE	START DATE FOR PENSION BENEFIT (y/m/d)	

Part B Member selection

My coverage under the benefit plan is currently in force. I understand that I may continue to participate in the Plan on a self-pay basis. The lay-off package available to me is as follows:

Benefit	Coverage
Life insurance	$50,000
Dependant life	$10,000 (spouse) $5,000 (child)
Extended health care	Full coverage for individual and family
Monthly premium	**$230.87**

Important Notes:

- The extended health care coverage also includes vision care, hospital care and out-of-country coverage. It does not include premiums for British Columbia's Medical Services Plan.
- Lay-off package is offered as a group package and cannot be modified to include or exclude any single benefit.
- Coverage will terminate upon return to work or after 18 months.
- A monthly invoice will be mailed to your home address.
- Pre-authorized payments are the preferred method of payment.

Part C Member authorization

I authorize Coughlin the use of my Social Insurance Number for the purposes of government reporting, identification and administration of my pension plan; Coughlin to exchange my personal information with the following persons, organizations or parties: Financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding any benefits to which I am entitled. 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.

Date: _____ (year/month/day) Signature: _____

Protecting your personal information The administrator of your group benefit plans is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

COUGHLIN
employee benefits specialists

PLAN ADMINISTRATOR (If you have any questions, please contact our office)

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