Please send completed form to:

PRAIRIE TEAMSTERS ADMINISTRATION SERVICES LTD.
155, 7260 – 12 Street S.E. Calgary, AB T2H 2S5
enrollment@ptadmin.ca

G.T. 362 HEALTH & WELFARE (Hour Bank) ENROLLMENT FORM

Please Print Clearly

Member Name _____ (Last) _____ (First)

Home Address _____ (Apartment# - Street)

_____ (City) _____ (Province) _____ (Postal Code)

Phone Number _____ **Sex:** Male ☐ Female ☐ Other ☐

Email Address _____ **Date of Birth** ____ / ____ / ____ (Day / Month / Year)

Date of Employment ____ / ____ / ____ (Day / Month / Year) **Date of Plan Entry** ____ / ____ / ____ (Day / Month / Year)

SIN _____ **LOCAL UNION #** _____

LIFE INSURANCE BENEFICIARY DESIGNATION: *Must be 18 years of age. ** If under 18 must assign a trustee.*

*** Name** _____ **Relationship to member** _____

**** Trustee** _____ **Beneficiary's Birthday** ____ / ____ / ____ (Day / Month / Year)

* If living, otherwise it will go to my estate, reserving the right to change this appointment.

HEALTH & WELFARE DEPENDENTS: *list all dependent persons eligible for benefits, indicate surname if different than member (attach list if necessary)*

Name	SEX Male/Female/ Other	Birthdate	Relationship	Provincial Health Care YES/NO
Last, First		day/mo/yr		yes/no
Last, First		day/mo/yr		yes/no
Last, First		day/mo/yr		yes/no
Last, First		day/mo/yr		yes/no

MARITAL STATUS (Please check one) **Date of Marriage, Divorce, Separation or Common Law** ____ / ____ / ____ (Day / Month / Year)

Single ☐ **Married** ☐ **Divorced** ☐ **Separated** ☐ **Common Law** ☐

I hearby authorize any individual in the possesion og pertinent records for information to release them to the insurance company

It is understood and agreed that the statements made on this Application are complete, true and correctly recorded, and no representations are made to include the insurance for the coverage herin applied for.

_____ **DATE** ____ / ____ / ____

MEMBER SIGNATURE (Day / Month / Year)

for PTAS office use only:

_____ *APP REC'D* day/mo/yr _____ *APP ENTERED* day/mo/yr _____ *PKG SENT* day/mo/yr

Coverage effective ____ / ____ (Month / Year) **Group Number** _____

ver 1.01.0423

CONSENT FORM

MUST BE COMPLETED BY MEMBER

I, _____, understand that Prairie Teamsters Administration Services Ltd. (PTAS Ltd.) has and will collect personal information about me in their records. I further understand that for me to obtain the Health and Welfare or Pension or other benefits administered by PTAS Ltd., it may have to use this information.

In its operations, PTAS Ltd., may also have to disclose this information to others including physicians, actuaries, and/or other professionals or institutions, companies, government(s) and regulatory authorities.

I therefore consent to the collection, use and disclosure of such personal information with the understanding that I may revoke, in writing, my consent at any time.

I understand the purpose of needing the information and I understand the benefits and risks associated with my consent.

_____

SIGNATURE

_____

DATED: day/month/year