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 <u>Please Print Clearly</u>

LIFE INSURANCE BENEFICIARY DESIGNATION: Must be 18 years of age. ** If under 18 must assign a trustee.	Member Name										
Apartment# - Street City Province Postal Code Phone Number Sex: Male Female Other Date of Birth Day Month / Veor Date of Birth Day Month Year 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: Ist all dependent persons eligible for benefits, indicate surname if different than member (attach list if necessary) SEX Name Male/Female/Other Male/Female/Other Marylmo/yr Manth Year	Homo Addross			Last				First			
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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 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