

Please send completed form to:
PRAIRIE TEAMSTERS ADMINISTRATION SERVICES LTD.
155, 7260 – 12 Street S.E. Calgary, AB T2H 2S5
enrollment@ptadmin.ca

PRAIRIE TEAMSTERS HEALTH & WELFARE 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

SIN _____

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 spouse and children eligible for benefits (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 hereby authorize any individual in the possession of 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 herein applied for.

_____ **DATE** _____ / _____ / _____
Day Month Year

MEMBER SIGNATURE *(wet signature mandatory)*

TO BE COMPLETED BY EMPLOYER:

Coverage effective _____ / _____ **Date of Full time employment** _____ / _____ / _____
Month Year Day Month Year

Roll Number _____ **Name of Employer & Location** _____

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