SPOUSAL AUTHORIZATION FORM

IRONWORKERS' HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

Please Note: This Form is a legal document and authorizes your spouse to sign any claim form in your absence as long as their signature is provided below. (All previous authorizations will be revoked.) Complete all sections and sign. Please complete this Form ink.

1. MEMBER INFORMATION

PLAN SPONSOR / EMPLOYER NAME			GROUP NUMBER 6115
LAST NAME	FIRST NAME		CERTIFICATE/SIN NUMBER
GENDER ☐ Male ☐ Female	LANGUAGE ☐ English ☐ French	MARITAL STATUS ☐ Single ☐ Married ☐ Common-law ☐ Divorced ☐ Widow	DATE OF BIRTH Month Day Year
ADDRESS			PHONE NUMBER
CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS

2. SPOUSE S INFORMATION

Indicate if: ☐ *spouse or* ☐ *common law spouse* — *If common law, you must complete the Declaration below.*

LAST NAME	FIRST NAME	GENDER ☐ Male ☐ Female	DATE OF BIRTH Month Day Year
ADDRESS			
CITY	PROVINCE	POSTAL CODE	PHONE
SPOUSE'S SIGNATURE			

I hereby authorize and healthcare provider, my plan administrator, my employer, insurance companies, other organizations, or benefit service providers working with Manulife Financial to exchange information when necessary for the purpose of settlement of this claim and to administer the group plan. I authorize release of the information contained in this claim form to the Insurer/Plan Administrator, its authorized representative or consultant for the purpose of settlement of this claim. I understand the information collected is kept in strict confidence and used solely for the purpose of assessing the claim and to administer the group benefit plan. I certify that the information given is true, correct and complete to the best of my knowledge and that each of the above expenses are for medical treatment that I and/or my dependents received. I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to the supplier for the entire amount

Month Day Year

SIGNATURE OF MEMBER DATE

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Pensions | Benefits | Investments

Please return to:
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