CANADIAN ELEVATOR INDUSTRY WELFARE & PENSION PLANS

-REQUEST FOR A NO BREAK IN SERVICE-

TO ADMINISTRATOR: **MANION, WILKINS & ASSOCIATES LTD.**
500 - 21 FOUR SEASONS PLACE
TORONTO ON M9B 0A5

PHONE: 1 (866) 532-8999
(416) 234-3511

I REQUEST A NO BREAK IN SERVICE
ON THE WELFARE AND PENSION PLANS
FOR THE MONTH(S) OF: _____ **TO** _____

_____ _____ _____

NAME OF EMPLOYER **MEMBER'S NAME (PLEASE PRINT)** **CERTIFICATE NUMBER**

REASON: _____

IF APPROVED I WOULD LIKE TO CONTINUE
TO HAVE WELFARE COVERAGE BY MAKING
PAY DIRECT PAYMENTS

_____ ☐ ☐

MEMBER'S SIGNATURE **YES** **NO**

_____

ADDRESS

_____ _____

PROVINCE **POSTAL CODE**

APPROVED BY: LOCAL UNION NO. _____ _____ _____

DATE **SIGNATURE OF LOCAL UNION OFFICIAL (SIGN & PRINT)**

EMPLOYER NAME: _____ _____ _____

DATE **SIGNATURE OF EMPLOYER (SIGN & PRINT)**

ADMINISTRATOR'S USE ONLY

APPROVED BY THE BOARD OF TRUSTEES
FOR A NO BREAK IN SERVICE

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WELFARE **PENSION**

AN INCOMPLETE APPLICATION SHALL BE RETURNED TO THE MEMBER