LiUNA!care LOCAL 183
BUILDING HEALTHY FUTURES

DIRECTION TO ASSIGN BENEFITS

Send to: LiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2
P: 416.240.7487 | F: 416.240.7488 | w: www.liunacare183.com | e: info@liunacare183.com

A Member Information (*Please Print*)

Last Name First Name	Gender ☐ Male ☐ Female
Address	Date of Birth (yyyy/mm/dd)
Town/ City Prov. Postal Code	Country
Member Advantage Benefit Card ID Number (last 10 digits)	*Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID*
Email Address	Phone #
Marital Status ☐ Married ☐ Common-Law ☐ Single ☐ Separated ☐ Divorced ☐ Widow	Cell #

B Dependent Information (*Please Print*)

In the boxes below, please list the relationship status, name and birth date of all individuals

Name of Dependent	Relationship to Member (spouse, child etc.)	Birth Date Day	Month	Year	Address

C Guardian Information (*Please Print*)

I _____ authorize all cheques on behalf of the aforementioned dependents to be made payable to:

Name: _____

Address: _____

D Disclosure Member Authorization

I authorize LiUNAcare Local 183 and Canada Life to accept any and all medical/dental claims from the Guardian listed above on behalf of all aforementioned dependents, as well as further direct LiUNAcare Local 183 to assign all eligible benefits for the listed dependents.

In order for these services to be considered for payment, the dependent must remain eligible according to the policy guidelines and the claims submitted must also meet the criteria for eligibility. This direction is to remain in force indefinitely or until otherwise directed by me in writing to LiUNAcare Local 183.

Member Name: _____ Date: _____
(Print Name)

Member Signature: _____ Witness: _____

Please complete, print, sign, and return by fax at 416.240.7488 **OR** email to info@liunacare183.com