

IRONWORKERS' HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

Spousal Authorization Form

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 in ink.

S E C T I O N 1	Member Information		Local Union No.						
	Name (Last)		(First)		Sex (circle)		Date of Birth		
					M	F	M	D	Y
	Address (Street)		Social Insurance Number						
City		Prov	Postal Code			Telephone Number			

S E C T I O N 2	Spouse's Information Indicate if <input type="checkbox"/> spouse or <input type="checkbox"/> common-law spouse								
	Name (Last)		(First)		Sex (circle)		Date of Birth		
					M	F	M	D	Y
	Address (Street)		City		Prov		Postal Code		

Spouse's Signature

S E C T I O N 3	<p>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.</p>	
	Signature	Date

Please return to:	Funds Administrative Service Inc. 9 th Floor, 9707-110 Street Edmonton, AB T5K 3T4
Phone (780) 452-5161	Toll Free 1-800-770-2998