



THE PLAN OFFICE OF THE
IWA-FOREST INDUSTRY
PENSION & LTD PLANS

ENROLMENT APPLICATION

2100-3777 Kingsway
Burnaby BC V5H 3Z7
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F 604.433.0518
IWA-FIBP.CA

To participating employers:

Complete this form for all new employees, and return as soon as possible to the Plan Office by mail or fax.

SECTION A MEMBER INFORMATION

Last name:	First name and initial(s):	Date of birth: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
Mailing address:		City:																
Province:	Postal code:	S.I.N.:																
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number:	Email:																

SECTION B EMPLOYMENT INFORMATION

Hire date: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	Occupation:
D	D	M	M	Y	Y	Y	Y										
Work type (check one): <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Casual																	

SECTION C EMPLOYER INFORMATION

Company name:	Division name:
Company number:	Phone number:

SECTION D SIGN AND DATE

Signature of signing authority:	Name of signing authority:	Date signed: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											

CONFIDENTIAL MATERIAL: Please note that this form is **confidential** in nature and should be faxed, or mailed in a sealed envelope to the Plan Office of the IWA-Forest Industry Pension and LTD Plans at the address at the top right of this page.

STATUTORY DISCLOSURE: As required by the *Insurer Exemption Regulation*, please be advised that the IWA-Forest Industry LTD Plan is exempt from the *Financial Institutions Act* (the “act”) and the plan benefits are not insured by an insurance company under the act.

PRIVACY DISCLOSURE: The Trustees of the IWA-Forest Industry Pension and LTD Plans (Plans) and their respective agents and employees, collect, use, disclose and exchange your personal information in order to administer the Plans including to process benefits, enforce the Plans’ terms (including to collect overpayments or to investigate potential fraud), to audit employers’ records and claims and to communicate with third parties such as employers, insurers, health care providers and financial institutions when reasonably necessary to administer the Plans. By signing this form you consent to such collection, use, disclosure and exchanges for these purposes, any other purposes set out in the Plans’ respective Privacy Policies and as permitted or required by law.