



# Ontario Ironworkers Benefit Plan

## Benefit Option Form for Qualified Survivors (Full Coverage)

### Instructions

To qualify for pay-direct benefits, there must be no break in your benefit coverage. This means that you must start pay-direct coverage as soon as your 10 years of free survivor benefits end. If you decide to continue your full coverage, you can choose to reduce it or stop it at a later date. Once you reduce or stop your coverage, you cannot get your full coverage back again.

**Please complete this form and return the original to:**

Ontario Ironworkers/Rodmen Benefit Plan Administrators Corporation  
111 Sheppard Avenue East  
North York, Ontario M2N 6S2  
Telephone 416-223-0383 or 1-800-387-8075

### 1. Deceased Member Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ S.I.N. or Member Certificate Number: \_\_\_\_\_

### 2. Survivor Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day / Month / Year  
Complete Mailing Address – Street: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 3. Survivor Benefit Options

**Check your choice of option. Check one only.** You may drop down to a lower option at a later date, but you will not be allowed to move up to better coverage.

- Option 1: Continue full coverage for you and your qualified children for \$271.00 per month (including taxes). This includes dental, drugs, major medical, travel assistance, and vision care.
- Option 2: Reduce to partial coverage for you and your qualified children for \$245.00 per month (including taxes): same as Option 1, except crowns and bridges are excluded under the dental plan.
- Option 3: No coverage: I understand the decision to stop coverage is permanent and I cannot change my mind at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Authorization

**Check your choice of option. Check one only.**

I have chosen Option 1 or 2 above and:

authorize the deduction of the above payment from my monthly pension.

prefer to remit a cheque to the Administrator before the end of each month. I understand that my benefit coverage may end if payment is not received on time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_