



Ontario Ironworkers Benefit Plan

Benefit Option Form for Qualified Survivors (Partial 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. This is a one-time option. If you choose to stop coverage, you cannot get it back at a later date.

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.

- Option 1: ☐ Continue partial coverage for you and your qualified children for \$245.00 per month (including taxes). This includes dental, drugs, major medical, travel assistance, and vision care, but excludes crowns and bridges under the dental plan.
- Option 2: ☐ 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 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: _____