IBEW Local 2228

Pre-authorized payments

COUGHLIN
employee benefits specialists

P.O. Box 3517, Station C
Ottawa, ON K1Y 4H5

Tel.: 613-231-2266
Fax: 613-231-2345

Toll-free: 1-888-613-1234
www.coughlin.ca

CONVENIENCE
The pre-authorized payment method eliminates the need for you to write cheques for your Group Insurance Plan premium payments. Payments can be made automatically through your bank or financial institution account.

ECONOMICAL
One authorization is all that is required for the payments to be made automatically through your bank or financial institution. This means reduced postage costs for you.

PAYMENT DATE
Payments will only be debited from your account the 15th of each month.

CHANGE OF FINANCIAL INSTITUTION
Should you move your account from one bank or branch to another, please advise our office of the change and we will arrange a new agreement with you so payments can continue uninterrupted.

CHANGE OF ADDRESS
In order to keep your file up to date, please advise our office of any change of address.

PROOF OF PAYMENT
Your payments are recorded automatically and individually on your monthly bank statement or pass book.

AUTHORIZATION FORM
Please complete the information required on the authorization form and also include one of your personal cheques marked "VOID" and return them to our office in the enclosed envelope.

PROTECTING YOUR PERSONAL INFORMATION
The administrator of your group benefits plans is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

AUTHORIZATION FORM - (PAP)

Member name: _____

Address: _____

City: _____

Province: _____ **Postal code:** _____

Certificate or reference #: _____

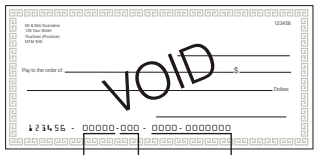
Tel. #: ( ) _____

Bank name: _____

Branch address: _____

City: _____ **Province:** _____

☒ I have enclosed a **MANDATORY** "VOID" cheque



5-Digit branch transit #: | | | | | |

Institution #: | | | |

Account #: | | | | | | | | | | |

I authorize Coughlin & Associates Ltd. to debit my account indicated above each month for all payments payable to the Insurance Trust Fund. The Pre-Authorized Payment Plan may be terminated by either Coughlin & Associates Ltd. or by me through written notice. **Withdrawals will be made on the 15th of each month.**

I authorize: Coughlin the use of my Social Insurance Number for the purposes of government reporting, identification and administration of my group benefits; Coughlin to exchange my personal information with the following persons, organizations or parties: Health care providers; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding any benefits to which I am entitled. When providing personal information for my spouse and/or dependants, **I confirm** that I am authorized to act on their behalf. **I agree** that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. **I certify** that the information given is true, correct and complete to the best of my knowledge.

Signature: _____

Date (year/month/day): _____

For joint accounts, authorization of second party:

Signature: _____

Date (year/month/day): _____

22/05/2008.L2228_pap.cdr