

Local 97 Ironworkers Health & Welfare Plan

160 – 4400 DOMINION STREET, BURNABY, BC V5G 4G3
TELEPHONE 604-299-7482 FACSIMILE 604-299-8136

Group Policy No. _____

Employer _____

Federal Income Tax Act provision states that my taxable income shall include any benefits received under my Employer's Disability insurance plan. I hereby consent to the withholding of Federal Income Tax from any benefits payable to me for this claim to the extent that such tax applies to such benefits.

10%

15%

20%

(Date)

(Print Member Name)

(Witness Signature)

(Member Signature)

