

THE EDMONTON PIPE INDUSTRY

HEALTH, WELFARE & PENSION TRUST FUNDS

16214 118 AVENUE EDMONTON ALBERTA T5V 1M6

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ELECTRONIC PAYMENT OF BENEFITS INSTRUCTIONS

Remit electronically using Online Banking through the “**Bill Payments**” services provided by the following Banks:

RBC Royal Bank	Payee name: "Edmonton Pipe Industry Benefit Fund"
CIBC	Payee name: " Edmonton Pipe Industry Benefit Fund "
TD Canada Trust	Payee name: " Edmonton Pipe Industry Benefit Fund "
National Bank	Payee name: " Edmonton Pipe Industry Benefit Fund"
Bank of Nova Scotia	Payee name: " Edmonton Pipe Industry Benefit Fund "
BMO Bank of Montreal	Payee name: " Edmonton Pipe Industry Benefit Fund"
ATB Financial	Payee name: " Edmonton Pipe Industry Benefit Fund"
Canadian Western Bank	Payee name: " Edmonton Pipe Industry Benefit Fund"
Servus Credit Union*	Payee name: " The Edmonton Pipe Industry Benefit Fund"

*If payee not found - you may have to go into Branch to add a payee through “Central 1”

Go to your online banking

Go to “Bill Payments”

“Add Payee”

Start typing “Edmonton Pipe Industry” and it should come up

Your Account Number is your UA Membership number - You may contact the Administration Office or Local Union 488 if you can't find your UA Membership card.

Once your payment is processed, we will mail out your receipt.

Please allow 2 – 3 business days for processing

APPLICATION FOR SELF PAYMENTS

PLAN OPTIONS - RATES EFFECTIVE JANUARY 1, 2020

PLAN A - Full Coverage

Life Insurance	Member	\$75,000
	Spouse	\$7,500
	Child	\$2,000

A.D. & D.	Member	\$100,000
	Spouse	\$15,000
	Child	\$4,000

Full Benefits Medical, Prescriptions, Vision, Dental and Out of Country Emergency Medical
Excludes Short Term and Long Term Disability

Monthly Premium	
Family	Single
\$312.00	\$156.00

PLAN B - Life Insurance Only

Life Insurance	Member	\$75,000
	Spouse	\$7,500
	Child	\$2,000

A.D. & D.	Member	\$100,000
	Spouse	\$15,000
	Child	\$4,000

Monthly Premium	
Family	Single
\$36.00	\$26.00

I HEREBY ELECT COVERAGE UNDER THE FOLLOWING PLAN: (Choose One Option Only)

A

B

I have read the above and fully understand the options of the Plan I have elected. I also understand that I **cannot** change my option until such time as I am reinstated to the Health & Welfare Plan with hours received from a Contributing Employer and that self payments can be made for a maximum of 12 consecutive months. Please return this Application Form with your payment in order to be processed.

PLEASE NOTE: CHEQUES MUST BE MADE OUT TO EDMONTON PIPE INDUSTRY. You can pay a maximum of 3 months at a time. In the office we accept debit, cheque(s) or money order(s). **Payments can also be made through your online banking. See attached.**

Member's Name (Please Print)

UA Card Number

Signature of Member

Date Signed

Conversion Privilege

Life Insurance will continue for 31 days following the termination of your coverage. Should this benefit terminate due to employment, change in classification or because you are no longer eligible for coverage, you may convert your Life Insurance within 31 days provided you are under the age of 65.

If you wish to convert your Life Insurance Benefit please contact the Administration Office at 780 452-1331.