THE EDMONTON PIPE INDUSTRY

HEALTH, WELFARE & PENSION TRUST FUNDS

16214 118 AVENUE EDMONTON ALBERTA T5V 1M6
Tel (780) 452-1331 Fax (780) 487-4063 EMAIL: questions@epibenefitplans.com WebSite www.epibenefitplans.com

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, 2021

PLAN A - Full Coverage			Monthly	Monthly Premium	
			Family	Single	
Life Insurance	Member	\$75,000	\$352.00	\$176.00	
	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 Elnsurance Only Monthly Premium				
PLAND - LII	e ilisuralice	Only		Premium	
l lfa luarranaa	Marahar	¢75.000	Family	Single	
Life Insurance	Member	\$75,000 \$7,500	\$36.00	\$26.00	
	Spouse Child	\$7,500 \$2,000			
		\$2,000			
A.D. & D.	Member	\$100,000			
	Spouse	\$15,000			
	Child	\$4,000			
A B	COVERAGE UND	ER THE FOLLOWING P	LAN: (Choose One Opt	ion Only)	
change my option ur Contributing Employe	ntil such time as l er and that self pa y	am reinstated to the Heal	I have elected. I also unde th & Welfare Plan with ho maximum of 12 consecut cessed.	urs received from a	
	ths at a time. In t	the office we accept debit	NONTON PIPE INDUSTR , cheque(s) or money orde		
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.