

# THE EDMONTON PIPE INDUSTRY HEALTH AND WELFARE FUND

Benefit Administration Office: 16214-118 Avenue, Edmonton, Alberta T5V 1M6

## HEALTH AND PENSION DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

Initial Request       Update

Please use this banking information for:     Health & Welfare     Green Shield     Pension

### MEMBER PERSONAL INFORMATION

NAME _____	UA CARD # _____								
ADDRESS _____									
CITY _____	PROVINCE _____	POSTAL CODE _____							
SOCIAL INSURANCE NUMBER: (THE USE OF THIS IS PROTECTED BY THE PLAN'S PRIVACY POLICY)									

### REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, **PLEASE ENCLOSE A VOID CHEQUE OR ACCOUNT PRINTOUT FOR DIRECT DEPOSIT** with this request AND complete the information below. In both cases, please sign the authorization.

DEPOSIT TO (NAME OF BANK OR FINANCIAL INSTITUTION) _____		
ADDRESS OF BRANCH _____		
BRANCH NUMBER _____	INSTITUTION NUMBER _____	ACCOUNT NUMBER _____

### AUTHORIZATION:

As the beneficiary of Health benefits paid under my Health and Welfare Plan, I hereby authorize The Edmonton Pipe Industry Health and Welfare Fund (the "Fund") to deposit these sums in my bank account, whose particulars appear above, and on the enclosed VOID cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with this request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me. This authorization, which takes effect on date below, is valid for all other active bank accounts in this or any other financial institution that I may name in the future.

\_\_\_\_\_ Date:(DD/MM/YYYY)\_\_\_\_\_

MEMBER'S SIGNATURE

### REQUEST TO SUBSCRIBE TO E-NOTIFICATION RECEIVED FOR DIRECT DEPOSIT

Subscribing to e-notification means you will be notified by email of the status of your Health benefit.

To subscribe to e-notification or to change your email address, please complete the information below. Check off the ONE box that corresponds to the address where you want to receive email notifications. **SELECT ONLY ONE EMAIL ADDRESS**

<input type="checkbox"/> Work	Email Address: _____
<input type="checkbox"/> Home	Email Address: _____

Please mail or email completed Direct Deposit and E-Notification Request Form to the Benefit Administration Office. **See page 2 for instructions to encrypt and email this form.**

**Privacy Statement:** THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, AUDITORS, REGULATORS) IN ORDER TO MANAGE THE PLAN AND ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY SHOULD BE DIRECTED TO THE BENEFIT ADMINISTRATION OFFICE.

# THE EDMONTON PIPE INDUSTRY

## HEALTH, WELFARE & PENSION TRUST FUNDS

16214 - 118 AVENUE, EDMONTON, ALBERTA T5V 1M6

Tel: (780) 452-1331 • Fax: (780) 487-4063 • E-MAIL: [questions@epibenefitplans.com](mailto:questions@epibenefitplans.com) • WebSite: [www.epibenefitplans.com](http://www.epibenefitplans.com)

### HOW TO ENCRYPT THIS DOCUMENT

Encryption is a must for sending personal information. You only need to use one method of encrypting a document. **If you have another way to encrypt documents, please do so if it is a trusted method of secure encryption.**

#### Option 1: Using Adobe's Free Online Tool

1. **Click the below link to open Adobe's Online PDF Protection Tool**
  - o [Adobe Protect PDF](#)
2. **Upload Your PDF File**
  - o Click on **"Select a file."**
  - o **Windows:** Search for this file in File Explorer.
  - o **Mac:** Search for this file in Finder.
  - o Select this PDF file and click **Open**.
3. **Set Your Password**
  - o Enter and confirm your password.
4. **Apply the Password**
  - o Click on **"Apply"**.
5. **Download the Password-Protected PDF**
  - o Click on **"Download"**.
  - o **Windows:** Find the protected file in the "Downloads" folder.
  - o **Mac:** Find the protected file in the "Downloads" folder.

#### Option 2: Using Paid Versions of Adobe Acrobat or Foxit PDF Editor Pro

##### Adobe Acrobat (Paid Version)

1. **Password Protect the PDF**
  - o Click on **Tools** in the top menu.
  - o Select **Protect**.
  - o Click on **Encrypt** and then **Encrypt with Password**.
  - o Enter and confirm your password.
  - o Click **OK** and save the file.

##### Foxit PDF Editor Pro (Paid Version)

1. **Password Protect the PDF**
  - o Click on **Protect** in the top menu.
  - o Select **Secure Document**.
  - o Click on **Password Protect**.
  - o Enter and confirm your password.
  - o Click **OK** and save the file.

**Once you have password-protected this document. You may email this document to the Plan Administration Office. Do not include the password to the document in the email. To share the password, call the Plan Administration Office at 780-452-1331.**