THE EDMONTON PIPE INDUSTRY

HEALTH, WELFARE & PENSION TRUST FUNDS

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ELECTRONIC PAYMENT OF BENEFITS INSTRUCTIONS

PLEASE ENSURE YOUR PAYMENT IS THE EXACT AMOUNT FOR THE PREMIUM YOU ARE PAYING.

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.
- > We will be mailed a receipt for taxes at the end of the year.
- > Please allow 2 3 business days for processing

APPLICATION FOR SELF PAYMENTS

PLAN OPTIONS - RATES EFFECTIVE JULY 1, 2024

PLAN A - Full Coverage			Monthly	Monthly Premium	
			Family	Single	
Life Insurance	Member	\$75,000	\$380.00	\$190.00	
	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				
PLAN B - Lit	fe Insurance	Only	Monthly	Monthly Premium	
			Family	Single	
Life Insurance	Member	\$75,000	\$36.00	\$26.00	
	Spouse	\$7,500			
	Child	\$2,000			
A.D. & D.	Member	\$100,000			
	Spouse	\$15,000			
	Child	\$4,000			
I HEREBY ELECT	COVERAGE UND	ER THE FOLLOWING PL	AN: (Choose One Opt	ion Only)	
Α 🗆	\neg			•	
B -					
В					
change my option u Contributing Employ	intil such time as I er and that self pay	and the options of the Plan am reinstated to the Healt ments can be made for a ayment in order to be proc	th & Welfare Plan with ho maximum of 12 consecut	ours received from	
	nths at a time. In t	BE MADE OUT TO EDM he office we accept debit, ing. 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.