

**BRICKLAYERS AND ALLIED CRAFTMEN
INTERNATIONAL HEALTH FUND
CANADA ENROLLMENT/CHANGE FORM**

Complete & mail to:
BAC International Health Fund - Canada
1216 Sand Cove Road, Unit 32
Saint John, NB E2M 5V8

(do not write in this shaded area)

CHANGE EFFECTIVE DATE:		AB/NB/NF/NS
LAST NAME	FIRST NAME	MIDDLE INITIAL
		DATE OF BIRTH: MO DAY YEAR
ADDRESS		CITY PROVINCE POSTAL CODE
Social Security Number:	Male: _____	Female: _____

Name, Social Security Number, Date of birth ,Address, Telephone and Relationship of Beneficiary

DEPENDENTS TO BE COVERED					
DEPENDENT NAME	SOCIAL SECURITY NUMBER	SEX M / F	DATE OF BIRTH		Circle one option
Spouse					Circle one option "A" Add "T" Terminate "C" Change
Child					Circle one option "A" Add "T" Terminate "C" Change
Child					"A" Add "T" Terminate "C" Change
Child					"A" Add "T" Terminate "C" Change
Child					"A" Add "T" Terminate "C" Change

Have you been approved for coverage under the Provincial Health Plan? Yes ----- No -----

I, the undersigned, authorize the plan administrator and insurer to use my social insurance number for identification purposes in their administration of this group insurance plan in which I am Enrolled.

SIGNATURE OF MEMBER

DATE