

**REPLACEMENT MEMBER ADVANTAGE CARD APPLICATION**

LiUNA!care Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2  
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**A Member Information (Please Print)**

Last Name		First Name		Gender	Male	Female
Address				Date of Birth (yyyy/mm/dd)		
Town/City			Province		Postal Code	
Union ID OR Social Insurance Number (SIN)				Country		
Email Address				Telephone No.		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.		

**B Replacement Member Advantage Benefit Card (Please Print)**

My Member Advantage Benefit Card was:

Lost                     
  Stolen                     
  Damaged                     
  Never Received

Other (Please specify): \_\_\_\_\_

Member Advantage Benefit Card for:

Member  
 Member Name: \_\_\_\_\_  
 Member's Date of Birth: \_\_\_\_\_

Spouse  
 Spouse's Name: \_\_\_\_\_  
 Spouse's Date of Birth: \_\_\_\_\_

**C Member Disclosure Authorization (Please Print)**

**THE MEMBER ADVANTAGE BENEFIT CARD IS NOT TO BE PASSED ON OR TO BE USED BY ANYONE OTHER THAN YOURSELF OR YOUR APPROVED DEPENDENTS UNDER YOUR COVERAGE.**

Member Name: \_\_\_\_\_ (Please Print)                      Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_                      Witness: \_\_\_\_\_

**OFFICE USE ONLY**

Group No.: \_\_\_\_\_ No. of Requests: \_\_\_\_\_