

LiUNA!care

LOCAL 183™

BUILDING HEALTHY FUTURES

LiUNA Local 183
Members Benefit Fund

CRITICAL ILLNESS



LiUNA LOCAL 183 MEMBERS BENEFIT FUND

CRITICAL ILLNESS

SUBMISSION INSTRUCTIONS:

- Complete Claimant's Statement (*Individual diagnosed with the Critical Illness*)
(Completed and signed by Member/Spouse/Dependent or Power of Attorney).
- Physician's Statement to be completed and signed by your Physician.
- Include any supporting medical records (original required). Please keep a copy of complete application package for you records to substantiate your claim.
- Policy No. CI9105655A.
- Send all original completed applications to:

LiUNAcare Local 183
2100 - 200 Labourers' Way
Vaughan, ON L4H 5H9

Tel: 416-240-7487
Fax: 416-240-7488

Toll Free Line: 1-888-790-3534
Email: lifeeventclaims@bpagroup.com