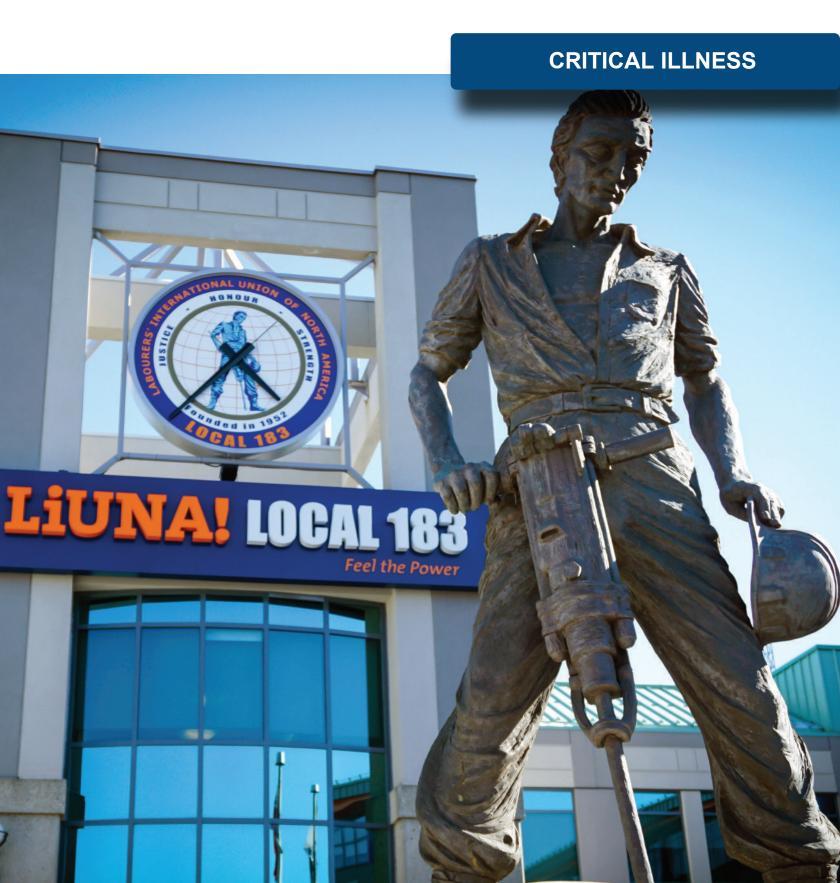


LiUNA Local 183 Members Benefit Fund

**BUILDING HEALTHY FUTURES** 



## 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. Cl9105655A.
- 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