LiUNA! care
LOCAL 183
BUILDING HEALTHY FUTURES

DISABILITY SELF PAY EXTENSION FORM

Send to: LiUNAcare Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4h 5H9
P: 416.240.7487 | F: 416.240.7488 | w: www.liunacare183.com | e: info@liunacare183.com

A Member Information (*Please Print*)

Last Name First Name	Gender ☐ Male ☐ Female
Address	Date of Birth (yyyy/mm/dd)
Town/ City Prov. Postal Code	Country
Member Advantage Benefit Card ID Number (last 10 digits)	*Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID*
Email Address	Phone #
Marital Status ☐ Married ☐ Common-Law ☐ Single ☐ Separated ☐ Divorced ☐ Widow	Cell #

B Claim Information (*Please Print*)

Proof of your W.S.I.B. / L.T.D. / C.P.P. Claim MUST be attached

Claim Type: ☐ W.S.I.B. ☐ L.T.D. ☐ C.P.P.

Claim No.: _____

Are you currently working? ☐ Yes ☐ No

If yes, please provide information below.

Company Name		Address	
Company Phone No.	Postal Code	City	Province

Reasons for not working: _____

_____

_____

C Member Disclosure Authorization

A false or fraudulent statement on this application form will result in the denial of benefits and/or legal action.

***NOTE: Upon approval, benefit coverage will NOT include the following:**

- **Short-Term & Long-Term Disability**
- **Permanent and Total Disability Accident**
- **Long Term Care**
- **Accidental Death & Dismemberment**
- **Occupational Death & Dismemberment**
- **Special Needs Life Insurance**
- **Bereavement Pay**
- **Parental Leave**
- **Jury Duty**

Member Name: _____ Date: _____
(Print Name)

Member Signature: _____ Witness: _____

Please complete, print, sign, and return by fax at 416.240.7488 **OR** email to info@liunacare183.com