

REPLACEMENT MEMBER ADVANTAGE CARD APPLICATION

LiUNA!care Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4H 5H9
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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	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		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: _____ Date: _____
 (Please Print)

Member Signature: _____ Witness: _____

OFFICE USE ONLY

Group No.: _____ No. of Requests: _____