



LOCAL 183

LiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2
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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 #		
Are you the (please check one)		Member	Estate	*(Please complete Section B)		
				Cell #		

Last Name	First Name	Birth Date			Retiree Benefit Program
		Day	Month	Year	
					Policy # 158400

I, _____, hereby instruct that coverage under the above policy is to be **TERMINATED** effective on _____.
(mm/dd/yyyy)

I understand that once I withdraw from the program, I am unable to re-enter at a later date. **There will be no exceptions to this policy.**

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

OFFICE USE ONLY

Month of Termination of Benefits: _____

Administrator Signature: _____ Date: _____

2021-01