



LOCAL 183

LiUNAcare Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4H 5H9
 Tel: 905-709-1111 Fax: 905-709-1111 Email: info@liunacare183.com | www.liunacare183.com

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 #		

W.S.I.B. Claim No. : _____

Company Name: _____

Name of Employer : _____

Location of Accident: _____

Date of Accident: _____

Please complete and return this form with your monthly remittance to:

**LIUNAcare Local 183
C/O Benefit Plan Administration Limited
2100 - 200 Labourers Way
Vaughan, ON, L4H 5H9**

*Failure to send this form in may result in your employee being denied fund assistance.

Employer Name: _____ Date: _____
(Print Name)

Employer Signature: _____ Witness: _____