



LOCAL 183

中文地址: 2100-200 勞勃斯大道 | 旺市, ON L4H 5H9  
 中文電話: 416-223-1111 | 中文傳真: 416-223-1112  
 中文網址: [www.liunacare183.com](http://www.liunacare183.com) | 中文電郵: [info@liunacare183.com](mailto:info@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: \_\_\_\_\_

Please complete, print, sign, and return by fax at 416.240.7488 **OR** email to [info@liunacare183.com](mailto:info@liunacare183.com)