

BRITISH COLUMBIA REGIONAL COUNCIL OF CARPENTERS

BENEFIT COVERAGE WAIVER AND RE-DIRECT FUNDS TO GROUP RSP

I _____ SIN. _____
(PRINT NAME)

AUTHORIZE THE BC REGIONAL COUNCIL OF CARPENTERS TO **NOT** PROVIDE ANY BENEFIT COVERAGE FOR MY DEPENDANTS AND MYSELF. I DO NOT REQUIRE MSP COVERAGE AS I AM COVERED UNDER ANOTHER PLAN.

IN DOING SO, I ALSO AUTHORIZE THE BC REGIONAL COUNCIL OF CARPENTERS TO REDIRECT AND DEPOSIT THE BENEFIT PORTION OF MY EMPLOYER CONTRIBUTION, INTO MY UNION GROUP RSP ACCOUNTS.

I UNDERSTAND AND ACKNOWLEDGE THAT I RELEASE THE BC REGIONAL COUNCIL OF CARPENTERS AND THE EMPLOYER OF ANY OBLIGATION TO PROVIDE BENEFIT COVERAGE INCLUDING MSP, EXTENDED HEALTH, DENTAL, OPTICAL, LIFE INSURANCE AND WAGE INDEMNITY FOR MYSELF AND DEPENDANTS.

I FURTHER UNDERSTAND IN CHOOSING THIS OPTION, IT WILL BE FOR A PERIOD OF NOT LESS THAN FOUR YEARS OR UNTIL I QUALIFY FOR A CHANGE AS DESCRIBED IN THE BC REGIONAL COUNCIL OF CARPENTERS PLAN.

MEMBER: _____
(SIGNATURE)

WITNESS: _____
(SIGNATURE)

(PRINT NAME)

DATE: _____
DAY MONTH YEAR