

## MEMBER DOCUMENT REQUEST FORM

Member Name	
Member Name	
ID#	
Member Address	
Street Address	
City	
Province	
Postal Code	
Document(s) Requested	
Reason(s) for Request	

The requested documents may be available for viewing at either the Plan Administrator's or Plan Co-ordinator's office. The Plan Administrator or Plan Co-ordinator will be present to explain the nature and content of the documents you have requested to review.

The documents will be those in effect at the time of the request and are to be kept confidential. No photocopies or photographs may be made of the documents. All documents are subject to change from time to time.

I confirm that the above is true and accurate and I agree to the conditions set forth on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to:

**Leta Kennedy, Plan Administrator**

IATSE Local 667/669 Group Benefit Plan Office

217 – 3823 Henning Drive

Burnaby, BC V5C 6P3

Tel: 778-329-4455

Toll Free (Canada-wide): 1-866-366-9667

Email: [hwadmin@iatse667-669healthplan.com](mailto:hwadmin@iatse667-669healthplan.com)