LiUNA! LOCAL 183
TRUST ADMINISTRATION

Replacement Drug Card Application

Submit to: LiUNA Local 183 Trust Administration | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 | Tel: (416) 240 – 7487 | Toll Free: 1 – 888 – 790 – 3534

A. Member Information (*Please Print*)

Last Name	First Name	Gender ☐ Male ☐ Female
Address		Date of Birth (m/d/y)
Town/City	Province	Postal Code
Union ID OR Social Insurance Number (SIN)		Country
Email Address		Telephone No.
Marital Status ☐ Married ☐ Common-Law ☐ Single ☐ Separated ☐ Divorced ☐ Widow		Cell No.

B. Replacement Benefit Card (*Please Print*)

My Benefit Drug Card was:

☐ Lost ☐ Stolen ☐ Damaged ☐ Never Received

☐ Other (Please specify): _____

Drug Replacement Card for:

☐ Member

Member Name: _____

Member's Date of Birth: _____

☐ Spouse

Spouse's Name: _____

Spouse's Date of Birth: _____

C. Member Disclosure Authorization *(Please Print)*

The prescription drug benefit card is not to be passed on or to be used by anyone other than yourself or your approved dependents under your coverage.

Member Name: _____ Date: _____

(Please Print)

Member Signature: _____ Witness: _____

OFFICE USE ONLY

Group No: _____ **No. of Requests:** _____

Please complete, print, sign, and return by fax: (416) 240-7488 ***or*** by email at info@183membersbenefits.ca