

Is this claim related to a Motor Vehicle Accident (MVA)?

Yes No

If the answer is "No":

I acknowledge that the foregoing statement is true to the best of my knowledge and my claim for benefits may be subject to an audit requiring proof from my doctor confirming my claim is not related to a MVA (Motor Vehicle Accident).

Initial Box

D Signature

For office use only
ABCDEFGHIH

By signing below,

- I solemnly declare that the information provided on this form is accurate to the best of my knowledge.
- I authorize IUOE Local 793, OEBAC, and any of its service providers to use and disclose the provided information and any other information collected about me, my Dependants, or my Beneficiaries to process my benefits, to obtain advice, and to manage the Health and Welfare, Group Legal, and Pension Benefits Plans.

Name of Plan Member	Signature of Plan Member	Date (yyyy-mm-dd)
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Staple this form and all the attachments and mail them to

OEBAC
2201 Speers Rd., Unit 1
Oakville, ON L6L 2X9

or

Scan this form and the requested attachments (both sides if required) and email to
info@oebac.org