



www.iuoelocal793.org

International Union Of Operating Engineers

Local 793

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**Mike Gallagher**  
BUSINESS MANAGER

**Joe Redshaw**  
PRESIDENT

Dear Plan Member:

**Re: Direct Deposit for Claims Payments**

We are pleased to advise you that we have implemented an electronic claims payment reimbursement system doing away with issuing cheques previously made payable to you for all health claims (including paramedical, dental, etc.).

You will continue to use your drug card for prescription drugs.

**Effective July 14, 2016**, you may choose to have reimbursement of your claims deposited directly into your bank account. You will receive a "Notice of Payment" providing you with details of payment of your claim.

To sign up for this service, please complete and sign the enclosed **Electronic Claims Payment Authorization** form and return it to Global Benefits Claims Department with a void cheque for the bank account to which the payments will be deposited.

Should you have any questions regarding the above, please contact Global Benefits Claims Department.

Yours truly,

Michael Gallagher  
Business Manager  
On behalf of the Board of Trustees

# Electronic Claims Payment Authorization – Sign-up Form

Thank you for signing up for Electronic Claims Payment from Global Benefits. Please complete all the requested information and return your completed form with your void cheque to:

Global Benefits Claims Department  
88 St. Regis Crescent South  
Toronto, Ontario M3J 1Y8

or

Fax to: 416-635-6464

Omission of any of this information may slow payment processing.

Please type or print clearly.

Name of Trust Fund IUOE Local 793 Life & Health Benefit Trust of Ontario	
1.	Plan Member's Name
2.	Plan Member's Social Insurance Number

## Financial Institution Account Information

1.	Account Holder's Name
2.	Financial Institution (Name & Transit #)
3.	Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Sample Void Cheque

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Cheque No. N° de chèque 0000000	
Pay to the order of Payez à l'ordre de _____	\$ _____ Dollars	
<b>"Void"</b> <b>&lt;&lt;Nul&gt;&gt;</b>		
_____ Signature		
"000"	"00000"000	000000"0

Transit No.  
N° de la succursale \_\_\_\_\_

Bank No.  
N° de l'institution financière \_\_\_\_\_

Account No.  
N° du compte \_\_\_\_\_