

How to read your Benefit Statement Member Information Section



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA) MEMBER BENEFIT STATEMENT

ADMINISTRATION OFFICE: 45 McINTOSH DRIVE, MARKHAM, ONTARIO L3R 8C7
TEL: (905) 946-2530 TOLL FREE: 1-800-668-7547
Web Site: www.boilermakersbenefits.ca
E-mail: questions@boilermakersbenefits.ca
www.facebook.com/boilermakersnationalbenefitplans

This Statement shows
Contributions
received during this
period

MEMBER INFORMATION

PERIOD

DEPOSITS RECEIVED FROM _____ TO _____

Your name and
address (Please
advise the Plan if
your address
changes)

DEAR PLAN MEMBER,
THIS STATEMENT IS A RECORD OF CONTRIBUTIONS RECEIVED ON YOUR BEHALF FOR THE PERIOD SHOWN ABOVE. INFORMATION ABOUT THE PENSION, HEALTH AND WELFARE FUNDS, AND THE PAYMENT OF AVAILABLE BENEFITS, IS DESCRIBED BRIEFLY ON THE REVERSE SIDE OF THIS STATEMENT. THIS STATEMENT IS PRODUCED BY THE ADMINISTRATION OFFICE AND IS BELIEVED TO BE CORRECT. ALL CALCULATIONS WITH RESPECT TO RETIREMENT DATES ARE BASED ON INFORMATION PROVIDED TO THE ADMINISTRATION OFFICE BY THE PLAN MEMBER AND WILL BE SUBJECT TO VERIFICATION UPON TERMINATION, DEATH OR RETIREMENT. IF YOU BELIEVE ANYTHING ON THIS STATEMENT IS INCORRECT PLEASE CONTACT THE ADMINISTRATION OFFICE.

PRIVACY STATEMENT: THE PLANS WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLANS. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLANS MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS, (UNIONS, TRUSTEES, HEALTH PROFESSIONALS, INSTITUTIONS INCLUDING OTHER BENEFIT AND PENSION PLANS, INVESTIGATIVE AGENCIES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLANS. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLANS SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.

YOUR UNION INITIATION DATE

YOUR BIRTH DATE

YOUR SPOUSE'S NAME

YOUR PENSION BENEFICIARY

Date of initiation into
the Union

Person you named as
your Spouse may have
spousal rights to Pension
Benefits

If you do not have a Spouse,
this person may be entitled
to your Pension on your
death - before retirement

Please refer to the back of the Member Benefit Statement for more detailed Pension Plan information

How to read your Benefit Statement Pension Fund Section

| PENSION FUND CONTRIBUTIONS RECEIVED FROM YOUR EMPLOYERS FOR THIS PERIOD | | | | DATE OF PLAN MEMBERSHIP |
|---|------------------|-------|---------|--|
| WORK MONTH | EMPLOYERS' NAMES | HOURS | DOLLARS | |
| | | | | YEARS OF PLAN MEMBERSHIP |
| | | | | DATE VESTED |
| | | | | PAST SERVICE YEARS |
| | | | | YOUR NORMAL RETIREMENT DATE (YOUR AGE 65) |
| | | | | YOUR MONTHLY PENSION AMOUNT AT NORMAL RETIREMENT DATE (YOUR AGE 65) |
| | | | | YOUR EARLIEST RETIREMENT DATE WITH PENSION REDUCTION (THE MONTH FOLLOWING YOUR AGE 55) |
| TOTAL PENSION CONTRIBUTIONS RECEIVED FOR THIS PERIOD | | | | |
| TOTAL PENSION CONTRIBUTIONS RECEIVED PRIOR TO THIS PERIOD | | | | |
| TOTAL PENSION CONTRIBUTIONS RECEIVED AT END OF THIS PERIOD | | | | |

Work Month and Year that a Contribution was made on your behalf from Contributory Employers

Hours Worked for Contributory Employers

Employers that contributed on your behalf

Monthly Contribution amounts remitted on your behalf by Contributory Employers

Date you joined the Pension Plan

Number of years of Contributions received in the Pension Plan

Date in which you became entitled to a Pension from the Plan.

Period in years of your membership in the Union prior to the Effective Date of the Plan (June 1971)

Month following your 65th birthday

Monthly pension you are entitled to receive if you retire at Age 65. The stated Pension is a Life Pension guaranteed to be paid for a minimum of five years

Month following your 55th birthday

How to read your Benefit Statement Health Fund Section

| HEALTH PLAN CONTRIBUTIONS RECEIVED FROM YOUR EMPLOYERS FOR THIS PERIOD | | | | YOUR HEALTH PLAN DOLLAR BANK-START OF PERIOD |
|--|------------------|-------|---------|---|
| WORK MONTH | EMPLOYERS' NAMES | HOURS | DOLLARS | |
| | | | | TOTAL CONTRIBUTIONS FOR THIS PERIOD |
| | | | | DOLLAR BANK DEDUCTIONS IN THIS PERIOD TO MAINTAIN ELIGIBILITY |
| | | | | YOUR HEALTH PLAN DOLLAR BANK-END OF THIS PERIOD |
| | | | | CURRENT MONTHLY DOLLAR BANK DRAW DOWN |
| | | | | MAXIMUM DOLLAR BANK ALLOWED |
| | | | | ACCUMULATED HOURS TOWARDS RETIREE HEALTH PLAN COVERAGE |

Work Month and Year that a Contribution was made on your behalf from Contributory Employers

Employers that contributed on your behalf

Hours Worked for Contributory Employers

Total funds remitted for that work period

Your Dollar Bank Account balance for Health coverage at Statement Date

Monthly amount deducted from your Dollar Bank Account for Health coverage

Dollar Bank balance at statement date

The amount deducted to keep you covered in the Plan

Maximum Hourly Contributions accumulated in your Account - Maximum will provide 15 months of Benefits

Total hours earned as a Boilermaker. 50,000 hours prior to retirement needed for fully subsidized benefit coverage at age 65