**CANADIAN ELEVATOR INDUSTRY LIFE AND HEALTH & PENSION PLANS**

**-REQUEST FOR A NO BREAK IN SERVICE-**

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**TO ADMINISTRATOR:** **MANION, WILKINS & ASSOCIATES LTD.**
**500 - 21 FOUR SEASONS PLACE**
**TORONTO ON M9B 0A5**

**PHONE: 1 (866) 532-8999**
**(416) 234-3511**

**I REQUEST A NO BREAK IN SERVICE**
**ON THE LIFE AND HEALTH AND PENSION PLANS**
**FOR THE MONTH(S) OF:** _____ **TO** _____

| _____ | _____ | _____ |
|---|---|---|
| **NAME OF EMPLOYER** | **MEMBER'S NAME (PLEASE PRINT)** | **CERTIFICATE NUMBER** |

**REASON:** _____

**IF APPROVED I WOULD LIKE TO CONTINUE**
**TO HAVE LIFE AND HEALTH COVERAGE BY MAKING**
**PAY DIRECT PAYMENTS**

| _____ | ☐ | ☐ |
|---|---|---|
| **MEMBER'S SIGNATURE** | **YES** | **NO** |

_____

**ADDRESS**

| _____ | _____ |
|---|---|
| **PROVINCE** | **POSTAL CODE** |

**APPROVED BY: LOCAL UNION NO.** _____ _____ _____

**DATE** **PRINTED NAME OF LOCAL UNION OFFICIAL**

_____

**SIGNATURE OF LOCAL UNION OFFICAL**

**EMPLOYER NAME:** _____ _____ _____

**DATE** **PRINTED NAME OF EMPLOYER**

_____

**SIGNATURE OF EMPLOYER**

**ADMINISTRATOR'S USE ONLY**

**APPROVED BY THE BOARD OF TRUSTEES**
**FOR A NO BREAK IN SERVICE**

☐ **WELFARE** ☐ **PENSION**

**AN INCOMPLETE APPLICATION SHALL BE RETURNED TO THE MEMBER**