

# REPLACEMENT MEMBER ADVANTAGE CARD APPLICATION

CCWUcare | 200 Labourers Way, Suite 2100 | Vaughan, ON L4H 5H9  
 Tel: 416.240.7488 | Fax: 416.240.7489 | Email: info@ccwucare.com | Website: www.ccwucare.com

## A Member Information (Please Print)

Last Name	First Name	Gender	Male	Female
Address		Date of Birth (yyyy/mm/dd)		
Town/City	Prov.	Postal Code	Country	
Member Advantage Benefit Card ID Number (last 10 digits)			Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID	
Email Address			Phone #	
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell #

## B Replacement Member Advantage Benefit Card (Please Print)

My Member Advantage Benefit Card was:

Lost Stolen Damaged Never Received

Other (Please specify): \_\_\_\_\_

Member Advantage Benefit 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 MEMBER ADVANTAGE 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: \_\_\_\_\_