

CONTINUATION FOR UNDISTURBED LTD COVERAGE FORM

**TEAMSTERS CANADA RAIN CONFERENCE (CPR)
LONG TERM DISABILITY HEALTH & WELFARE TRUST**

This will confirm that I choose to continue membership in the Teamsters Canada Rail Conference (CPR) Long Term Disability Health & Welfare Trust Plan while working under the TCRC Trainman's Collective Agreement. I understand that the premiums will be deducted from my pay under the terms of the plan, as if I was working as a Locomotive Engineer on the first of the month.

Date: _____

Division#: _____

Member's Signature: _____

Location: _____

Print Name: _____

CPR Employee #: _____

Mail this Form to:

Members in the East:

*Canadian Benefits Consulting Group
2300 Yonge Street, Suite 3000
Toronto, ON M4P 1E4
Fax: 416-488-7774*

Members in the West

*Teamsters Canada Rail Conference (TCRC)
Long Term Disability Health & Welfare Trust
101 – 10820 24th Street SE
Calgary, AB T2Z 4C9
Fax: 403-640-4140*