

Health and Welfare Plan (HAWP) Authorization Form



Building **your** future

YOUR INFORMATION

NAME COMPANY

TELEPHONE FAX

EMAIL GBL REPRESENTATIVE

SPONSORING COMPANY

FULL LEGAL NAME

ADDRESS CITY & PROVINCE POSTAL CODE

TELEPHONE FAX PROVINCE OF INCORPORATION

SIGNING OFFICER NAME TITLE

DATE OF INCORPORATION (DD/MM/YY) CORPORATE YEAR END (DD/MM)

COMPANY DIRECTORS*

*If company has more than four members on its Board of Directors please select one individual to sign on behalf of the Board.

HEALTH AND WELFARE PLAN INFORMATION

Effective Date of Health and Welfare Plan (DD/MM/YY) Number of Classes (Employee Categories) to be included in the HAWP:

EMPLOYEE CLASS RATE OF REIMBURSEMENT (%) ANNUAL MAXIMUM (\$) (Up to a maximum of \$20,000)

Class A

Class B

Class C

Class D

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TRUSTEE INFORMATION

NAME (TRUSTEE ONE)

RESIDENCY (CITY AND PROVINCE)

*NAME (TRUSTEE TWO)

RESIDENCY (CITY AND PROVINCE)

*Trustee Two cannot be a shareholder, director or employee of the company or related to the majority shareholder by blood, marriage or adoption.

WHERE SHOULD WE SEND THE HAWP DOCUMENTS?

CONTACT NAME

ADDRESS STREET

CITY

PROVINCE

POSTAL CODE

PHONE

AUTHORIZATION

I, _____ understand that documents will be issued only after the invoice has been paid. The invoice is \$1,500.00 plus applicable taxes. I also certify that the information presented above is accurate and correct to the best of my knowledge. The HAWP documents will be produced using the above information and any changes and/or corrections made after this Document Information sheet has been submitted to Gordon B. Lang & Associates Inc. may incur an additional Administration fee.

Any liability of Gordon B. Lang & Associates Inc. in connection with the services provided shall be limited to direct losses the client suffers as a result of the negligence and/or errors or omissions of Gordon B. Lang & Associates Inc. and in any event shall not exceed the fees charged by Gordon B. Lang & Associates Inc. with respect to the establishment of this Health & Welfare Plan.

SIGNATURE

WITNESS

DATE (DD/MM/YYYY)



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