Roman Catholic Archbishop of Vancouver

Benefit Plan Programme

BENEFIT PLAN REPRESENTATIVE FOR YOUR DIVISION

The person who will be responsible for distribution of regular information to all plan members:

(*If a different person handles the accounting and cheque distribution, please be responsible to pass the statements to their office in a timely manner. If you have multiple person in-charge of for the benefits, please have all of them to fill out this form.)

Mailing information:

Benefit Representative: _____

Local Employer: _____

Address: _____

City: _____ Postal Code: _____

Telephone: ( ) _____ Fax: ( ) _____

Work days available by phone: _____

Email address: _____

(Required)

The above named person is willing to be responsible for circulating information to our members and maintaining the account file.

Benefits Rep's Signature: _____ Date Signed: _____

Pastor/Principal's Printed Name: _____

Pastor/Principal's Signature: _____ Date Signed: _____

Return the original form to: **Benefits Administration Office**