

# ASSURANCE COLLECTIVE

# 2011-14

## CHOICE FORM for your SPECIFIC INSURANCE PLAN – AQTIS – IATSE 514

*NAME: _____	
*ADDRESS: _____	
_____	
*TELEPHONE: _____	CELL PHONE: _____
*E-MAIL: _____	
*AQTIS MEMBER No: _____	*IATSE 514 MEMBER No: _____

\* Required fields

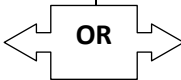
### CHOICE OF PLAN:

<input type="checkbox"/> AQTIS	<input type="checkbox"/> IATSE 514
<b>OR</b>	
<input type="checkbox"/> I WANT TO CONTINUE COVERAGE UNDER BOTH PLANS WITH AQTIS AND IATSE 514	
<p>I, _____, member in good standing with AQTIS and IATSE 514, hereby expressly authorize AQTIS and IATSE 514, as well as those persons mandated or whose services are retained by one or the other of these organizations for the purpose of administering the plans offered to their members, to communicate with each other and to exchange information about me that is required for implementing the reciprocal agreement between the two organizations on behalf of members with dual membership. The use of this authorization is limited to accomplishing the aforementioned subject.</p> <p>Signature: _____ Date: _____</p>	

**ATTENTION: ANY MEMBER WHO FAILS TO RETURN THIS DULY COMPLETED FORM NOT LATER THAN JUNE 10th, 2011, WILL BE COVERED BY THE PLAN OF THE ORGANIZATION WHERE THEY ACCUMULATED THE MOST INCOME BETWEEN JANUARY 1st, 2011 and JUNE 30th, 2011.**



**PLEASE FORWARD THIS FORM BY MAIL OR BY FAX TO EITHER ONE OF THE TWO ORGANIZATIONS MENTIONED BELOW:**

<b>AQTIS</b>		<b>IATSE 514</b>
<b>533, rue Ontario East, suite 300 Montréal (Québec) H2L 1N8</b>		<b>705, Bourget, suite 201 Montréal (Québec) H4C 2M6</b>
<b>Fax: 514-844-3540</b>		<b>Fax: 514-937-3592</b>

**THIS FORM MUST BE COMPLETED, SIGNED, and RECEIVED AT ONE OF THE ABOVE OFFICES NOT LATER THAN JUNE 10th, 2011. AFTER THIS DEADLINE, YOU WILL BE AUTOMATICALLY COVERED BY THE PLAN OF THE ORGANIZATION WHERE YOU ACCUMULATED THE MOST INCOME BETWEEN JANUARY 1st, 2011 and JUNE 30th, 2011.**