



INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 230

Dear Applicant:

Enclosed please find:

1. Application for Membership
2. Local 230 Privacy Form
3. Objects and COE
4. Apprentice Registration Form (if applicable)
5. Manulife RRSP/RPP Enrolment Forms
6. D.A. Townley & Associates Group Enrolment Card/MSP Application
7. I.O. Beneficiary Designation Form
8. Skills Checklist

Along with above forms which must be completed in full, you are also required to send a **resume**, **proof of Canadian Citizenship (or PR Card) for applicant and any dependents added to the Health & Welfare Plan**, and a **copy of a valid Driver's License** AS WELL AS:

If you are a JOURNEY LEVEL

1. Copies of your Trade Qualifications and your Interprovincial cards or certificates as well as any tickets for any additional related courses you have taken which are still valid.

If you are a REGISTERED APPRENTICE

1. Copies of your registration (Trade Worker ID and Apprenticeship Numbers) ie. Wallet cards
2. Verification of hours worked (Letter from previous employer, copies of paystubs, ROES etc)
3. Verification via documentation for any apprenticeship schooling taken/and or registered for plus a copy of your ELT certificate and marks if applicable

If you are a Foundations STUDENT

1. Copies of your ELT certificate and marks

If you are a WATT Student

Please complete ALL forms and return all supporting documentation listed above in **bold**.

Please read carefully, complete all forms in full and return to:

**IBEW Local 230
21 - 21 Dallas Road
Victoria, BC V9B 3Y1**

ONLY APPLICATIONS WITH ALL THE REQUIRED INFORMATION WILL BE PROCESSED

PMV/jp
MovieUp



Established in Victoria in 1902

#21 - 21 Dallas Road, Victoria, BC V8V 4Z9

Telephone: 250-388-7374

Fax: 250-388-6313

Email: phil@ibew230.org

www.ibew230.org



Application for Membership CANADA (B.C.)

Form No. 107C (B.C.) Rev 09/24

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- ☐ JR ☐ III
☐ SR ☐ IV
☐ II ☐ V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY

PROV.

POSTAL CODE

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)

DATE OF HIRE (mm/dd/yyyy)

SOCIAL INSURANCE NO. (Last four only)

X	X	X	-	X	X	-
---	---	---	---	---	---	---

TELEPHONE NO.

PRESENT EMPLOYER

CLASSIFICATION

INDUSTRY WHERE YOU ARE EMPLOYED

- ☐ RAILROAD
☐ GOVERNMENT
☐ INSIDE CONSTRUCTION & MAINTENANCE
☐ OUTSIDE CONSTRUCTION & MAINTENANCE
☐ UTILITY
☐ TELECOMMUNICATIONS
☐ BROADCASTING
☐ MANUFACTURING

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? [SELECT ONE]

- ☐ I WAS ORGANIZED
☐ I WAS ORGANIZED AS AN APPRENTICE
☐ I WAS SELECTED FOR AN APPRENTICESHIP PROGRAM
☐ I AM A NEW HIRE
☐ OTHER

ARE YOU A VETERAN OF THE ARMED FORCES ?

- ☐ Yes ☐ No

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.® ? ☐ YES
IF SO, WHERE? ☐ NO

LOCAL UNION PROV.

<input type="text"/>	<input type="text"/>
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OBLIGATION OF I.B.E.W.® "I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, make application to join the I.B.E.W.®, and promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear allegiance to it and will not sacrifice its interest in any manner." I am applying for membership in Local _____ of the I.B.E.W. (the "Union"). In applying for membership I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining. I hereby give the Union my permission to disclose, retain, and use my personal information in accordance with its Privacy Policy.

LOCAL UNION APPLICATION DATE(mm/dd/yyyy)

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT *



THIS PORTION TO BE FILLED OUT BY L.U. FINANCIAL SECRETARY

CARD NUMBER

INITIATION DATE(mm/dd/yyyy)

INITIATION FEE PAID

* TYPE OF MEMBERSHIP ☐ "A" ☐ "BA"

PAID \$2.00 PENSION ADM. FEE? ☐ Yes ☐ No

Local Union 230
International Brotherhood of Electrical Workers
Privacy Statement

The protection of your privacy and the personal information under our control is of utmost importance to LU 230, IBEW.

We are committed to meeting or exceeding all requirements of Provincial and Federal Privacy legislation and will only collect, use, and disclose your information for conducting the legitimate business of the Union as explained in Local's Privacy Policy.

We further commit to take all reasonable steps necessary to ensure the accuracy of the personal information we keep about you and to prevent any and all unauthorized use of personal information under our control

You may choose not to provide us with some or all of your personal information however, please understand that if you make this choice, it may affect your eligibility for membership and to some or all benefits that you could otherwise receive.

Requests for information regarding LU 230's Privacy Policy or complaints will be handled in a timely manner by booking an appointment with the Union's Compliance Officer.

Statement of Applicant

I _____ have read and agree to the above privacy statement and
(print name)

consent to LU 230, IBEW collecting from myself and other sources, using and disclosing my personal information as required for conducting the legitimate business of the Union.

_____.
(signature)

Signed this ____ day of _____ at _____, British Columbia.

Please specify the following:

- Gender: ☐ Female ☐ Male ☐ Other
Please specify if other _____
- Visible Minority: ☐ Yes ☐ No
If yes, please specify _____

In case of emergency, we require an emergency contact:

- Name & Relationship _____
- Phone _____
- Email address _____

Statement of Witness

I _____ certify that I have witnessed the above individual sign this consent.
(print name)

Objects and Code of Excellence Agreement

The International Brotherhood of Electrical Workers is a craft union representing all unionized electrical workers on Vancouver Island.

In placing an application and signing below; you are pledging your support of the following IBEW Constitutional objects:

- To organize all workers in the entire electrical industry in the United States and Canada, including those in public utilities and electrical manufacturing, into local unions,
- To promote reasonable methods of work,
- To cultivate feelings of friendship among those of our industry,
- To settle all disputes between employers and employees by arbitration (if possible),
- To assist each other in sickness or distress,
- To secure employment,
- To reduce the hours of labour,
- To secure adequate pay for our work,
- To seek a higher and higher standard of living,
- To seek security for the individual,
- And by legal and proper means to elevate the moral, intellectual, and social conditions of our members, their families and dependents in the interest of a higher standard of citizenship.

To better support and encourage these objects in the heart and minds of our members; all IBEW members proudly live up to a standard referred to as the "Code of Excellence." While common sense to most trade workers; for us – it's an expectation.

The Code expects a member to:

- Exercise safe and productive work practices.
- Perform the highest quality and quantity of work.
- Utilize their skills and abilities to the maximum.
- Arrive at work on time, ready and willing to work.
- Follow appropriate employer and customer rules.
- Promote an alcohol and drug free workplace.
- Work in a safe and healthy manner
- Give eight hours work for eight hours pay and ensure supervision has been notified when you leave the workplace.
- Respect management directives that are safe, reasonable and legitimate.
- Respect the customer's rights and property.
- Respect the rights of your coworkers
- Utilize the skills and abilities you have learned to gain a competitive advantage.
- Take care of the employer's tools and equipment as if they were our own.
- Refuse to condone any act of property destruction, including graffiti.
- Start work on time, work until the appropriate quitting time and limit break periods to the time allowed.
- Use the proper tool for the job while maintaining personal responsibility for company tools.
- Perform personal business, including cell phone use, during authorized break periods only.
- Never participate in job slowdowns, disruptions or activities designed to extend the job or create overtime.
- Always strive to conduct yourself in a way that promotes a positive image of the IBEW.

Date: _____

Print Name: _____

Signature: _____



Please print clearly in the blank boxes.

Application Form

Sign up for your Registered Pension Plan (RPP)

Send your completed form to:
IBEW Local 230 Office

If you aren't sure how to complete any of these boxes, the Plan Sponsor/Employer can help you.

Class: Indicate Apprentice or Journey

Dates can be left blank for the Local 230 Office to complete.

Tell us about your plan

Plan Sponsor/Employer International Brotherhood of Electrical Workers Local 230		Manulife policy number 10005188
Member # (SIN #)	Date you started with your employer (mmm/dd/yyyy)	Date you are joining the plan (mmm/dd/yyyy)
Class	Province of Employment	

Your personal information

First Name		Middle Initial	Last Name	
Mailing address (number, street and apartment number)				
City		Province	Country	Postal Code
Date of birth (mmm/dd/yyyy)		Social Insurance Number (SIN)		Marital Status
Sex	Spouse's name			Spouse's date of birth (mmm/dd/yyyy)
Your preferred language		Telephone number	Ext.	Email address

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RPP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary and you do not have a spouse at the date of your death, proceeds will be paid to your estate.
☐ Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

Name	Relationship	Percentage of proceeds
The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.		

For Quebec only:

The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here: ☐ Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship

If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the appropriate Target Retirement Date Fund based on when you reach your plan's normal retirement age.

You can go online to change the funds you have chosen.

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

Note: the investment performance of a market-based fund is not guaranteed.

Your investment instructions



Complete if *Retirement Date Fund* is your investment strategy

Write in the 4-digit fund code for your Retirement Date Fund below.

Fund Code	Fund name Target Retirement Date Fund	Percentage of your contribution 100%
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Complete if *Asset Allocation Fund* is your investment strategy

Write in the 4-digit fund code for your Asset Allocation Fund below.

Fund Code	Fund name Manulife Asset Allocation Fund	Percentage of your contribution 100%
-----------	--	--



Complete if *Build your own portfolio* is your investment strategy

Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%.

Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%
1000		1001		1002		1003	
1004		1005		1010		3132	
4131		4136		4162		4191	
4192		4271		5011		5132	
5181		5452		7132		7141	
7241		7313		7451		7631	
7032		8196		8322		8631	
8011		8321		8361		8452	
8181							
Total selected must add up to 100%							100%

Please sign here

You confirm that you have read, understood and agreed to the information in this form, including the *Enrolment and Registration Authorization* section below, and the *Personal Information Statement*. You also confirm that information in this form is correct to the best of your knowledge.

Enrolment and Registration Authorization

You request that Manulife enrol you as a Member in this plan. If applicable, you authorize the Plan Sponsor/Employer to deduct your contributions to the plan from your earnings.

Your signature	Date signed (mmm/dd/yyyy)
Plan administrator's signature	Date signed (mmm/dd/yyyy)

For Manulife use

Manulife customer number	Date (mmm/dd/yyyy)	Document version 21-1.5
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Please print clearly in the blank boxes.

Important: If this application is for a spousal RSP, the spouse (i.e. Spousal Member) must complete this form.

Check one:

☐ This RSP is for you as a Member (i.e. employee)

☐ This RSP is for you as a Spousal Member

Application Form

Sign up for your Group Retirement Savings Plan (RSP)

Send your completed form to:
IBEW Local 230 Office

If you aren't sure how to complete any of these boxes, the Plan Sponsor/Employer can help you.

Class: Indicate Apprentice or Journey

Dates can be left blank for the Local 230 Office to complete.

Tell us about your plan

Plan Sponsor/Employer International Brotherhood of Electrical Workers Local 230		Group annuity policy number 20005188
Member # (SIN #)	Date you started with your employer (mmm/dd/yyyy)	Date you are joining the plan (mmm/dd/yyyy)
Class	Member class Not applicable	

Your personal information

First Name	Middle Initial	Last Name	
Mailing address (number, street and apartment number)			
City	Province	Country	Postal Code
Date of birth (mmm/dd/yyyy)	Social Insurance Number (SIN)		Marital Status
Your preferred language	Telephone number	Ext.	Email address

Complete this section only if the application is for you as a spousal member. Otherwise, leave this section blank.

Tell us about the contributor (the employee)

First Name	Middle Initial	Last Name	
Date of birth (mmm/dd/yyyy)	Social Insurance Number (SIN)		

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RSP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

☐ Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

Name	Relationship	Percentage of proceeds
The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.		

For Quebec only:

The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here: ☐ Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship

If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the appropriate Target Retirement Date Fund based on when you reach your plan's normal retirement age.

You can go online to change the funds you have chosen.

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

Note: the investment performance of a market-based fund is not guaranteed.

Your investment instructions



Complete if *Retirement Date Fund* is your investment strategy

Write in the 4-digit fund code for your Retirement Date Fund below.

Fund Code	Fund name Target Retirement Date Fund	Percentage of your contribution 100%
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Complete if *Asset Allocation Fund* is your investment strategy

Write in the 4-digit fund code for your Asset Allocation Fund below.

Fund Code	Fund name Manulife Asset Allocation Fund	Percentage of your contribution 100%
-----------	--	--



Complete if *Build your own portfolio* is your investment strategy

Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%.

Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%
1000		1001		1002		1003	
1004		1005		1010		3132	
4131		4136		4162		4191	
4192		4271		5011		5132	
5181		5452		7132		7141	
7241		7313		7451		7631	
7032		8196		8322		8631	
8011		8321		8361		8452	
8181							
Total selected must add up to 100%							100%

Complete this section only if your spouse is set up as a spousal member in this RSP. Otherwise, leave this section blank.

Tell us how to split your contribution between you and your spouse

Tell us how you want to split the amount to be deducted from each pay between **your RSP account** (as the employee) and **your spouse's RSP account**.

Percentage to invest in your RSP	%
Percentage to invest in your spouse's RSP	%
Total must be 100%	100%

Tell us about your spouse

First name	Last name	Social Insurance Number (SIN)
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Please sign here

I confirm that I have read, understood and agreed to the information in this form, including the *Enrolment and Registration Authorization* section below, and the *Personal Information Statement*. I also confirm that information in this Application Form is correct to the best of my knowledge.

Enrolment and Registration Authorization

I request that Manulife enrol me as a Member in this plan and register me in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada).

I understand that any withdrawals from my RSP will be taxed according to the rules outline in the Income Tax Act (Canada) or the Taxation Act (Quebec), as applicable. I understand that withdrawals may be restricted under the terms of the plan.

I authorize the Plan Sponsor (my employer or my spouse's employer if I am a Spousal Memeber) to remit contributions and to deliver directions to Manulife on my behalf.

I request that Manulife accept a transfer of locked-in funds into the plan, if applicable, according to the terms described in the Lock-in Retirement Account (LIRA) or locking-in addendum. I understand that the with respect to such funds, these terms will override the group RSP contract.

Your signature (as the annuitant)	Date signed (mmm/dd/yyyy)
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Brett Marchand
Senior Vice President, Group Retirement Solutions

For Manulife use

Manulife customer number	Date (mmm/dd/yyyy)	Document version 21-1.5
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JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN

APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

☐ Revised

Please complete in ink and print clearly. This is a two-sided form – please see reverse.

Please fill in all information and ensure you have signed and dated this form.

NOTE: This form is for the Health Plan ONLY and will not update your beneficiary on your Pension Plan.

Page 1 of 2

MEMBER INFORMATION			
NAME (Surname, Given Name & Initials)			SOCIAL INSURANCE NUMBER
MAILING ADDRESS		CITY	PROVINCE
		POSTAL CODE	
TELEPHONE NUMBER	GENDER (Male/Female)	DATE OF BIRTH (Month, Day, Year)	TRADE
PHARMACARE REGISTRATION NO. (where applicable)		EMAIL ADDRESS	
MARITAL STATUS DECLARATION – Refer to other side for the definition of an eligible Spouse			
I hereby certify that I have read the Spousal Definition and that, as of the date of this declaration, I have a Spouse as follows:			
SPOUSE'S NAME (Surname, Given Name & Initials)	GENDER (Male/Female)	DATE OF BIRTH (Month, Day, Year)	DATE OF MARRIAGE, OR DATE OF COHABITATION:
DEPENDENT INFORMATION (Other than Spouse) – List all eligible dependents, other than your Spouse, starting with the eldest: If adding children over 19, indicate the school they are attending full-time.			
NAME (Surname, Given Name & Initials)	RELATIONSHIP (Son/Daughter)	DATE OF BIRTH (Month, Day, year)	STUDENT (Yes/No) and name of school, if over 19
CO-ORDINATION OF BENEFITS			
Are you covered by another benefit plan (ie your Spouse's Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the benefits covered: _____ Policy No(s) _____ Insurance Carrier _____			
GROUP LIFE INSURANCE BENEFICIARY DESIGNATION			
I designate the following individual(s)* as my revocable group life insurance beneficiary(ies), if living, otherwise my Estate* and revoke any prior designation I have made. *Indicate Estate, if no named beneficiary.			
NAME (Surname, First Name & Initials)		RELATIONSHIP	
			%
			%
APPLICATION FOR ENROLMENT			
I, the undersigned, hereby:			
a) apply to be enrolled as a Member of the JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN,			
b) certify that the information provided on this form is correct,			
c) consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Plan (or its authorized agent) for the purpose of administering the Plan and the benefits that may be conferred on Members of the Plan,			
d) agree to be bound by all the terms and conditions of the Plan,			
e) agree to promptly update the Plan Administrator on any changes to the status of a Spouse, dependent or other beneficiary, and			
f) agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Plan Administrator on any change to the status of a Spouse, dependent or other beneficiary			
g) understand that completion of this form does not in itself, entitle a Member to benefits – qualification for benefits is in accordance with the rules of the Plan			
h) understand that in the event of suspected fraudulent activity pertaining to claims submitted on behalf of myself and/or dependents, I acknowledge and agree to the disclosure of this information to relevant parties, such as the Plan Sponsor, regulatory and law enforcement agencies.			
i) certify that I have read the information provided on the reverse side of this form.			
SIGNATURE OF MEMBER			DATE (MM-DD-YYYY)
SIGNATURE OF WITNESS (cannot be spouse, beneficiary, or trustee)			NAME OF WITNESS

SPOUSAL DEFINITION – if you are indicating a Spouse on the reverse side (page 1), under MARITAL STATUS DECLARATION, they must meet the following definition:

The JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN defines "Spouse" as:

"The legal spouse of the Employee, or, in the absence of a legal spouse, the common-law spouse of the Employee. The common-law spouse is a person with whom the Employee has been living and that living arrangement must be recognized as a conjugal relationship in the community in which the couple resides. Only one person may qualify as the spouse at any one time".

Common-law spouses must meet the Plan's minimum co-habitation rule.

COORDINATION OF BENEFITS

If your spouse has other benefit coverage, claims will be paid according to industry standards:

*First, your spouse must submit claims to their benefit plan (this is your spouse's primary benefit plan). Next, submit the unpaid portion to The JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN (this is your spouse's secondary plan). **Your children's claims:** First, submit your children's claims to the plan of the parent whose birthday falls earliest in the year regardless of the year of birth (that's the primary plan). Next, submit the unpaid portion to the other parent's plan (the secondary plan).*

In situations of separation or divorce, the following applies when determining which of the adults are responsible for the coverage of the children:

- | | |
|---|---|
| 1) The plan of the parent with custody of the child | 3) the plan of the parent not having custody of the child |
| 2) The plan of the spouse of the parent with custody of the child | 4) the plan of the spouse of the parent not having custody of the child |

COMMON-LAW DEPENDENTS

*Common-law spouses and their children **may be** eligible with a minimum cohabitation period as indicated in your group policy. NOTE: Only the children of your common-law spouse who are residing with you are considered eligible dependents.*

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The collection, use and disclosure of an individual's personal information by the Board of Trustees of the Plan (or the Trustee's authorized agent) during his/her participation in the Plan is for the purpose of administering the Plan and the benefits that are conferred on Members of the Plan. The collection, use and disclosure of personal information about individual Members of the Plan will be done in a manner that is reasonable. Furthermore, reasonable security arrangements will be taken to prevent any unauthorized access, collection, use, disclosure, copying, modification or disposal of personal information about individual Members of the Plan.

AUTHORIZATION

I acknowledge and agree to the disclosure of this information to relevant parties, including but not limited to the plan sponsor (Trustees of the Joint Electrical Industry's Welfare Plan), and regulatory and law enforcement agencies. The Board of Trustees may disclose this information to your Union and/or Employer.



PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATOR:

Convyta

501-4445 Lougheed Hwy
Burnaby BC V5C 0E4
Toll-Free: 1.844.551.4239
Fax: 604.433.8894
IBEW@CONVYTA.COM

BENEFICIARY DESIGNATION FORM - CANADA

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW

Section A: Member's Information

☐ MR ☐ MS ☐ MRS

First Name MI Last Name

Local Union Card Number Social Insurance Number

E-Mail

Section B: Beneficiary Information

If naming an individual, please complete this section and if you need additional beneficiaries attach Form No.124C.

☐ MR ☐ MS ☐ MRS

First Name MI Last Name

Relationship

Choose One: ☐ Primary ☐ Contingent

☐ MR ☐ MS ☐ MRS

First Name MI Last Name

Relationship

Choose One: ☐ Primary ☐ Contingent

☐ MR ☐ MS ☐ MRS

First Name MI Last Name

Relationship

Choose One: ☐ Primary ☐ Contingent

If naming an organization or trust, please complete this section

Name of Organization, Institution or Trust

Choose One: ☐ Primary ☐ Contingent

Address (Street & Number)

City Prov. Postal Code

Today's Date (MM/DD/YYYY)

Notary or LU Seal

Member's Signature

Today's Date (MM/DD/YYYY)

Notary or Local Union Official's Signature

Printed Name and Title of LU Official or Notary

Mail Completed Form to:
IBEW
900 7th Street, NW
Washington, DC 20001
Attn: Pension & Death Claims Dept



Name: _____

IBEW Local 230 Application Skills Checklist

Skills and Experience				
	Proficient	Seen	No	Days/Months Experience
<u>Pipe Installation</u>				
Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underground conduit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMT conduit install ½ to 2" (hand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMT conduit install 2" to 4" (hydraulic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PVC conduit installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rigid conduit installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed conduit installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Cable Installation</u>				
Wire Pulling - Branch BX (Steel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wire pulling - Branch Lumex (Wood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wire pulling - Feeders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teck cable installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High Voltage Splicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cable Tray installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone/Data installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Controls (DDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motor Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse Call/Public Address System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared Scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name: _____

Traffic Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blueprint Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Code Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates				
	Yes	No	Current	Expiry Date:
CSTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid, Level _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PSSP, Level _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated Work Platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FSR A or B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IMSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vic Ship Security Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Area				
	Yes	No		Comments
Local Work only (within 40km)	<input type="checkbox"/>	<input type="checkbox"/>		
Vancouver Island only	<input type="checkbox"/>	<input type="checkbox"/>		
Will travel within BC	<input type="checkbox"/>	<input type="checkbox"/>		
Will travel outside province	<input type="checkbox"/>	<input type="checkbox"/>		
14/7 Shift work in Camp	<input type="checkbox"/>	<input type="checkbox"/>		
20/8 Shift work in Camp	<input type="checkbox"/>	<input type="checkbox"/>		