



**IATSE Canada Member Direction:
Health & Welfare Benefit Contributions**

I, _____, confirm I am a member of IATSE.
(PRINT FULL NAME)

My IATSE Home Local(s) is/are: _____.
(LIST ALL LOCALS)

When working for an Employer under an IATSE collective agreement which my IATSE Home Local(s) is/are not a party to, I hereby direct the Employer and/or the IATSE Local that is a party to that collective agreement to take the necessary steps to ensure any health and welfare benefit contributions made and/or collected on my behalf are directed to my IATSE Home Local _____ (ONLY IDENTIFY ONE(1) LOCAL).

In issuing this direction, I acknowledge and agree that any other levies, fees, or assessments that may otherwise be due and/or payable by me and/or on my behalf while working under an IATSE collective agreement which my IATSE Home Local(s) is/are not a party to shall be retained by the IATSE Local that is a party to that collective agreement.

IATSE Member Signature

2024/05/16

Date

**Canadian IATSE Locals with a Reciprocal Agreement for
Health Benefits:**

58, 63, 105, 118, 129, 168, 210, 212, 262, 295, 300, 411, 461, 514, 523, 580, 634, ADC 659,
667, 669, 709, 822, 828, 849, 856, 863, 873, 891