

# UBCP/ACTRA

## INSURANCE & RETIREMENT OPTION FORM

UBCP/ACTRA Full Members must select a Benefit Provider as a requirement of membership. Failure to provide this information will result in your insurance and retirement contribution amounts being placed in a non-interest-bearing account, and you will not have access to any insurance coverage, or an RRSP.

Get details on the Benefit Providers [here](#).

**To complete the process:** Select a Benefit Provider and email a signed copy of this form to UBCP/ACTRA at [membership@ubcpactra.ca](mailto:membership@ubcpactra.ca).

**I hereby direct my insurance and retirement contributions, including deductions at source and those contributed on my behalf by Producers, to the Benefit Provider selected below.**

**Member Benefits Trust (Insurance) & UBCP Retirement Benefits Society (RRSP)**

**Actra Fraternal Benefit Society (Insurance & RRSP)**

I understand that the selection of a Benefit Provider is a one-time irrevocable decision.

Print Name: \_\_\_\_\_

UBCP/ACTRA #: \_\_\_\_\_

SIGNATURE:

DATE: \_\_\_\_\_