## Carpenters' and Millwrights' Health & Welfare Benefit Trust Fund of Saskatchewan Request for Appeal

Memb	er Informa	tion					equesi	101	Abb	Jeai			Loc	al U	nion N	No.					
* Your personal information will not be disclosed to the Board of Trustees									Sex Date of Birth												
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	Step 3:	The member	er ackno	wledge	s receip	ot of A	ppeals f	Policy	١	<b>Yes</b>	/ N	No									
1.	Wh	at is the deci	sion you	u wish t	o have	review	ved? (ple	ease p	orov	vide a	as mu	ch de	tail a	as po	ossib	le)					
2.	Wh	at is the date	of the I	etter se	ent to yo	u that	explain	s the	deci	ision	? (ple	ase a	ttacl	n a c	юру)						
3.	\_\\\h	at are your re	asons t	for requi	estina s	a revie	w of the	decis	eion	2 PI	0250	includ	la ar	ny in	form	atio	2 1/01/	fool	ie		
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4.	Ple	ase outline w	hat you	want fr	om this	appe	al.														
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Please return to:

Ellement Consulting Group

10154 108 Street NW

Edmonton, AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998