



# SEIU Locals 1 & 2 Benefit Trust Fund

ADMINISTERED BY GLOBAL BENEFITS

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## Service Provider online registration request

submit request to [support@globalben.com](mailto:support@globalben.com) with the following information:

*Feel free to scan the member's drug card and include the scan with your registration request.*

Service Provider Name

Street Address

City

Province

Postal Code

Telephone Number (include area code)

Email

Member's Name

Member's Drug Card Number

Please include the following in the subject line:

**SEIU 2-244 Service Provider Online Registration Request**



When contacting Global Benefits, you will need the Member's Prescription Drug Card Number:

