

I authorize my employer \_\_\_\_\_ to release information regarding my employment status including attendance records, salary information and job description to the OPC Benefits Administrator to allow them to administer and accurately calculate premiums under the plan.

I understand that this authorization may be revoked by written notice to the OPC, but this will not apply to information already released. I know I may request a copy of this authorization. I also agree that a photocopy or facsimile of this authorization shall be as valid as the original.

**PRIVACY STATEMENT:**

Beginning January 1, 2004, the Personal Information Protection and Electronic Documents Act (PIPEDA) applies to personal information held by the insurer. To ensure the confidentiality of the personal information held concerning you, the OPC Benefits Administrator will establish an insurance file in which the information concerning your application for insurance will be placed, as well as the information concerning any insurance claims. Only organizations and persons responsible for underwriting, administration, management, provision of services, investigation and claims, or any other person you authorize, will have access to this file.

Please Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Employee Number \_\_\_\_\_

Date \_\_\_\_\_