

## AUTHORIZATION TO DISCUSS CLAIM FILE

**TO: SUN LIFE ASSURANCE COMPANY OF CANADA (“Sun Life”)**

The undersigned hereby authorizes Sun Life to disclose confidential personal and medical information concerning my claim for (please check one):

\_\_\_\_\_ Life Insurance  
\_\_\_\_\_ Long Term Disability  
\_\_\_\_\_ Extended Health Care  
\_\_\_\_\_ Dental  
\_\_\_\_\_ Critical Illness Insurance

to Cheri Hearty (or her designate) of OPSEU who is acting on my behalf. The purpose of the disclosure will be limited to the review of contentious claims and recommendations thereon, when such claim problems have not been resolved through the existing administrative procedures. (see Appendix IV, item 4 [vi] of the Support Staff Collective Agreement). I agree that my claim, including medical information about me, may be discussed in confidence at the Joint Insurance Committee (JIC) meeting.

In consideration of Sun Life acting on my request and disclosing the information described above, I release and discharge Sun Life, the College Employer Council and OPSEU of any liability for discussing the claim at the JIC meetings.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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OPSEU acknowledges that any and all medical information obtained in this matter will remain confidential and will be used for the sole purpose of discussing the above-named claim. I further understand that any relevant information concerning this claim may be discussed at the Joint Insurance Committee (JIC) meetings.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
Acting on Behalf of OPSEU