La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St, PO Box 1500 Québec QC G1K 8X9
418 644-4200 or 1 800 463-4856 ● Fax: 418 646-1313 ● adm.collectif@lacapitale.com

AUTHORIZATION/CANCELLATION OF AUTHORIZATION FOR THE DISCLOSURE OF PERSONAL INFORMATION

Group No.	Employer No.	Identification No.

1. INFORMATION ABOUT PARTICIPANT

Last name	First name	Date of birth (YYYY/MM/DD)

No., street, apt.	City

Province	Postal code	Main phone	Ext.	Phone (other)	Ext.

2. AUTHORIZATION

I, the undersigned, authorize La Capitale Civil Service Insurer Inc. to disclose to:

_____
Name(s) of the person(s) authorized to receive the personal information concerning me (please print)

Date of birth: _____
(YYYY/MM/DD)

Relationship to the participant: _____

IMPORTANT: This authorization is valid as of the date it is signed, at all times and under all circumstances, until I revoke it in writing. Please note that the person authorized to receive personal information will have access to your group insurance file for matters with respect to disability, the reimbursement of medical expenses and fees of healthcare professionals, your benefits, premiums charged and certain information with regard to your Life Insurance.

3. CANCELLATION

I, the undersigned, revoke the rights of the following person(s) to access the information contained in my file at La Capitale Civil Service Insurer Inc.:

_____
Name(s) of the person(s) (please print)

4. PARTICIPANT'S SIGNATURE

I declare that the information provided above is true, complete and in accordance with the conditions and provisions of my group insurance contract. I understand that any misrepresentation may result in the cancellation of my insurance.

Signed at _____, on this _____ day of _____ 20 _____.

Signature of participant _____

This form may be sent to the Insurer by mail, fax or email, using the above contact information.
If you do not send the original document, store it in a safe place.
Please note that the Insurer may require the original document at any time for audit purposes.