

# Your consent

Before we can process your claim, please read this agreement and sign in the signature box below.



## How we share your personal information

### We collect, use and disclose your personal information to:

- Investigate and assess your claim
- Administer your claim and the group benefits plan
- Develop a rehabilitation plan to help you stay at work
- Audit the assessment of your claim
- Manage internal data for analytics purposes

We may also use your social insurance number for income tax reporting and as an identification number if this is required in the administration of your benefits.

### We may collect and exchange your personal information with the following persons or groups when relevant and necessary for these purposes:

- Healthcare and rehabilitation providers
- Insurance and reinsurance companies
- Administrators of the plan, of government benefits and of other benefit programs
- Your employer, plan sponsor and plan administrator, for the purpose of return to work planning
- Your employer's occupational health services
- Your union representative
- Service providers and other organizations working with us, or on behalf of the other parties mentioned above. We may use service providers outside of Canada
- An auditor authorized by us, your employer, plan sponsor or their agent.



## Protecting your privacy

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only persons with access to the information are:

- people working at Canada Life and those we've authorized, who need the information to do their jobs and manage your claim
- those whom you've given access
- those authorized by law both within Canada and in any other jurisdiction where your personal information is held.

For a copy of our Privacy Guidelines see [canadalife.com](http://canadalife.com) or you can write to Canada Life's Chief Compliance Officer.

## By signing below, you confirm that:

- ✓ You have read, understand and agree with the contents of this form and authorize us to collect and disclose your personal information.
- ✓ All statements you have made about your claim are true and complete.
- ✓ Except for audit purposes, your authorization is valid for the duration of your claim or until you cancel it in writing.
- ✓ A photocopy or electronic copy of this authorization is as valid as the original.

Your group plan number	Your Canada Life ID number	Date (mm/dd/yyyy)
Telephone number	Email Address	Enter your email address if you would like Canada Life to communicate with you by secure email about your Disability Services claim.
Your name (please print)	Signature	