

Important: Fill out in block letters and answer each section as accurately as possible

Section A – Collection, Use and Disclosure of Personal Information

The personal information collected on this form allows UV Insurance to process the registration for online services or modification of online services for different users (plan administrators, brokers).

The personal information collected is used to:

- ▶ Identify the individual
- ▶ Establish and update information and the needs of the individual, as appropriate
- ▶ Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B – Business Information

1. Contract # _____
2. Group name _____
3. Current administrator's first name _____ Last name _____

Section C – User Information

Indicate any new information in the appropriate area:

1. Insured's first name _____ Last name _____
2. Sex ☐ Male ☐ Female
3. Preferred language ☐ English ☐ French
4. Email address _____

Please check the box for the item to be modified, if applicable: ☐ Preferred language ☐ Email address

Section D – Access Type

- Application type:** ☐ New registration ☐ Modification for current user ☐ Deletion of a user
- User type:** ☐ Administrator ☐ Broker

Section E – Access Required

Please check all the boxes that apply:

	Privileges			
	Access to monthly account statements	Coverage of a member		
		Access	Modification	List of absences (disability)
☐ All billing units and classes	☐	☐	☐	☐
☐ Only the following billing units and classes:				
▶ Billing unit number(s):	☐	☐	☐	☐
▶ Class number(s):	N/A	☐	☐	☐

Section F – Additional Information

Section G – Consent and Signature

By signing, you understand that in the event any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our [Privacy Policy](#).

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the personal information of the persons concerned, and the undersigned confirms that prior consent has been obtained from such persons.

Signature

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ Date

Y									
M									
D									

Administrator's signature

Name of signatory (please print)

