

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

Section A—Collection, Use and Disclosure of Personal Information

Employee personal information is collected with this form to allow UV Insurance to make the change(s) requested by the employee.

The personal information 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—Member Information

1. Employer name _____
2. Employee first name _____ Last name _____
3. Group # _____ Billing unit _____ Class _____ Certificate # _____

Section C—Notification of Salary Change

1. New salary _____ \$ ☐ Annual ☐ Weekly ☐ Hourly rate
2. Date of change

Y	M	D

 3. Number of hours per week _____

Section D—Change of Class or Billing Unit

1. ☐ Class change, indicate the new class _____
☐ Billing unit change, indicate new billing unit _____
2. Date of change

Y	M	D

Section E—Notice of Absence from Work

1. ☐ Temporary layoff ☐ Maternity leave ☐ Parental leave ☐ Unpaid leave ☐ Other _____
2. Departure date

Y	M	D

 3. Expected date of return

Y	M	D

Section F—Notification of Return to Work

1. New salary _____ \$ ☐ Annual ☐ Weekly ☐ Hourly rate
2. Date of return to work

Y	M	D

 3. Number of hours per week _____
4. Has the employee resumed their regular work?
☐ Yes, full-time
☐ Yes, part-time Number of hours/week _____ Specify reason _____
☐ No, specify new job _____

Section G—Termination of Employment

1. ☐ Termination ☐ Retirement ☐ Death ☐ Other _____
2. Date of termination

Y	M	D

Section H—Comments	

Section I—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 contacting 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 contacting 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**.

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- ▶ I confirm that I have reviewed the above information and declare that I am acting in accordance with the privacy laws and regulations;
- ▶ I certify that I have obtained the employee's consent to the collection, use, and disclosure of their personal information contained herein;
- ▶ I confirm that the information in this form is accurate.

X _____ Date

Y	M	D
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Signature of authorized person Name of signatory (please print)