

Section A – Collection, Use and Disclosure of Personal Information

- ▶ 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

Section B – Employee Information

- ## Section C – Employee Disability

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|--|------------------------------|-----------------------------|--|--|---|---|---|--|---|--|---|
| 1. Is the disability due to an occupational illness? | ☐ Yes | ☐ No | | | | | | | | | |
| 2. Is the disability due to an accident? | ☐ Yes | ☐ No | | | | | | | | | |
| 3. Has a claim been submitted to the CNESST? | ☐ Yes | ☐ No | | | | | | | | | |
| If Yes , was this claim approved? | ☐ Yes | ☐ No | If Yes , approved on <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;">Y</td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;">M</td> <td style="width: 10%;"> </td> <td style="width: 10%;">D</td> </tr> </table> | | | Y | | | M | | D |
| | | Y | | | M | | D | | | | |
| 4. In your opinion, is this claim justified? | ☐ Yes | ☐ No | | | | | | | | | |
| If No , explain: | | | | | | | | | | | |

Section D – Employer Identification

1. Company name _____ Contact _____
2. Phone [] [] [] [] - [] [] [] [] ext. _____ Fax [] [] [] [] - [] [] [] []
3. Address (number, street) _____
City _____ Province _____ Postal code _____
4. Whom should we contact if we need more information about this worker?
Name _____ Title _____
Phone [] [] [] [] - [] [] [] [] ext. _____

Section E – 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](#).

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 beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Employee signature

As the attending physician, I declare that I am acting in accordance with privacy laws and regulations. By signing at the bottom of this form, I confirm that the information provided is accurate.

X _____ Date [] [] [] [] [] [] [] [] [] []
Signature Signatory's name in block letters

Employer signature

As the employer, I declare that I am acting in accordance with privacy laws and regulations. By signing at the bottom of this form, I confirm that the information provided is accurate.

Authorized signatory's title _____ Date [] [] [] [] [] [] [] [] [] []

X _____
Signature Signatory's name in block letters

Send the form to the following email address: ind.client@uvinsurance.ca

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

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