UV INSURANCE

GROUP INSURANCE

Consent to the Collection and Disclosure of Personal Information to Third Parties

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

Section A – Collection, Use and Disclosure of Personal Information

This form is for UV Insurance to obtain your valid consent (through your signature) to collect and disclose your personal information for the purpose of administering your current claim.* With your consent, UV Insurance may collect the necessary personal information regarding your health status, medical history and eligibility for benefits.

This information may be collected from any individual or legal entity or any public or para-public body, including but not limited to the Commission des normes de l'équité, de la santé et de la sécurité au travail ("CNESST"), the Direction générale de l'indemnisation des victimes d'actes criminels ("IVAC"), the Québec Pension Plan ("QPP"), the Société de l'assurance automobile du Québec ("SAAQ"), the Régie de l'assurance maladie du Québec ("RAMQ"), healthcare professionals (in hospitals, medical clinics or paramedical facilities), insurance companies, personal information agents or investigative agencies, your policyholder, your employers or former employers.

Please note that any personal information disclosed to UV Insurance beyond the scope of this request will not be collected or used.

* This authorization is only valid for the claim listed below.

Section D – Consent and Signature

By signing, you acknowledge that in the event any of your personal information is inaccurate, incomplete, or ambiguous, you may ask for it to be corrected 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 further details, please visit our website and consult our **Privacy Policy**.

By signing, the undersigned authorizes UV Insurance to disclose their personal information to the third parties listed on this form and to its reinsurers. This authorization is valid for any document predating signature of this authorization as well as any document produced within 90 days of the date of signature.

Signature

1. Group # _____ Certificate # _____

2. Address _____
   City _____ Province _____ Postal code _____

By signing below, the undersigned further confirms that they have read this form and agreed to it and acknowledges that a photocopy of this document has the same value as the original.

Signed in _____ Date Y M D

X _____ _____

Signature | Signatory's name in block letters

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