The Claims Centre
PO Box 2370, Station D
Ottawa (Ontario) K1P 5W5
Canada

Authorization to Release Employee's Information Form
(COMPLETE THIS FORM IF MAKING A CLAIM FOR LOSS OF INCOME/SUPPORT)
Strictly Private and Confidential

CLAIMANT PLEASE AFFIX HERE ONE OF THE PREPRINTED LABELS PROVIDED

CORRECTIONS ONLY
Write any name, address or telephone number corrections below, if any corrections are necessary.

This Form is to be completed by the Employee or the Employee's personal representative.

SECTION A – PERSONAL INFORMATION

EMPLOYEE

1.	First Name	Middle Name/Initial	Last Name	
	Home Address	City/Municipality	Province/Territory	Postal Code

EMPLOYEE'S PERSONAL REPRESENTATIVE

2.	First Name	Middle Name/Initial	Last Name	
	Home Address	City/Municipality	Province/Territory	Postal Code

SECTION B – DECLARATION OF EMPLOYEE OR EMPLOYEE'S PERSONAL REPRESENTATIVE

I freely authorize any Employer:

- for whom the Employee worked or is working;
- who has information about the Employee's employment income; and
- to whom a signed original or photocopy of this authorization is delivered;

to release any information, reports or copies of records to the Claims Centre. I understand that this information will be used for the purpose of proving eligibility for processing the claim.

_____ Date Signed

_____ Signature of the Employee or his or her Personal Representative

_____ Signature of Witness