



**PERSONAL MEDICAL/DENTAL/DISABILITY INFORMATION DISCLOSURE FORM
AUTHORIZATION AND DIRECTION**

TO: Reliable Administrative Services Inc. (RASI) on behalf of the UA Local 67 Board of Trustees
195 Dartnall Road, Suite 102, Hamilton, ON L8W 3V9

I, _____, identified by my certification number or UA Local 67 number: _____, by date of birth: ___/___/___ (DD/MM/YY) and my home address (Street # and address) _____, City: _____, Province: _____, Postal Code: _____, am a Member of the UA Local 67 Plan.

I give permission to RASI to obtain, assist using my personal medical/dental/disability information and/or any specific information relating to my benefits, claims or beneficiaries provided that RASI finds the collection and/or release of such information to be reasonable under the circumstances.

For the purposes of this form, any collection or transfer of information pertaining to my personal medical/dental/disability benefits includes and is limited to:

- A Member's spouse or immediate family member;
- The insurance carrier providers;
- The Benefits Administrator (RASI);
- The Board of Trustees for the Plan.

I agree to notify RASI in writing if I wish to authorize and direct RASI to release only specific information to specific individuals.

Information pertaining to your personal medical/dental/disability will be disclosed in accordance with governing legislation and Plan documents.

THIS SHALL BE YOUR GOOD AND SUFFICIENT AUTHORITY FOR SO DOING.

By signing below, I release the Trustees, the Trust Fund(s), Reliable Administrative Services Inc. from any resultant liability that may occur from the collection and/or disclosure of personal medical/dental/disability information.

I understand that this authorization and direction to collect or disclose my personal medical/dental/disability information remains in effect until I otherwise inform Reliable Administrative Services Inc. in writing or in person. It is my responsibility to ensure that this authorization and direction is up-to-date and reflects my current wishes.

Dated at _____ this _____ day of _____, 20 _____

Signature of Member:
