PERSONAL INFORMATION DISCLOSURE FORM

**AUTHORIZATION AND DIRECTION**

TO: Manion, Wilkins & Associates Ltd. (“MWA”)

626 – 21 Four Seasons Place

Etobicoke, ON M9B 0A6

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), identified by my Employee number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) and my home address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street Address), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City),

\_\_\_\_\_\_\_\_\_\_\_ (Postal Code), I am a Member of the Air Canada Component of CUPE WIP (Plan Name).

For the purposes of this form, a third party is limited to:

➢ The WIP Plan Administrator, Patricia Eberley.

Upon my request I hereby authorize and direct MWA to release a copy of my file regarding my WIP

claim of \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) to the third party.

I agree to notify MWA in writing if I wish to authorize and direct MWA to release only specific

information to specific individuals.

Information 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), and Manion, Wilkins & Associates Ltd.

from any resultant liability that may occur from the disclosure of personal information.

I understand that this authorization and direction to disclose information remains in effect until I

otherwise inform Manion, Wilkins & Associates Ltd 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\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee (Please Print) Signature of Employee

**PERSONAL INFORMATION DISCLOSURE FORM**

**INSTRUCTIONS FOR COMPLETION**

In order to protect your privacy, your personal information used for the administration of your benefits cannot be

released or discussed with anyone other than yourself – not even your Spouse - unless you specifically request

and authorize it. The Personal Information Disclosure Form allows you to authorize the Plan Administrator to

release or discuss your personal information relating to the benefits administered on your behalf with certain

Third Parties (defined as follows).

Third Parties include:

➢ Your spouse or a member of your immediate family (parents, siblings or adult children)

➢ Your WIP Union Representative

If you wish the Plan Administrator to release or discuss your personal information with any Third Party (as

defined above) please complete the form, sign it and return it to the Plan Administrator.

If you wish to specifically designate someone who is not identified as a Third Party, to make inquiries on your

behalf, or if you don’t want your information released to a particular party, please notify us in writing of your

wishes.

This form goes into effect on the date the Administrator receives the information and is valid until you wish to

change your designation. Your designation may be changed at any time by notifying the Plan Administrator in

writing.

If you have any questions or wish to make a specific inquiry please contact the Plan Administrator directly

at (416) 798-3399 x 258 or toll free at 1 877-411-3552 x 258