

I authorize my employer \_\_\_\_\_ to release information regarding my employment status including attendance records, salary information and job description to the OPC Program Administrator and Great-West Life to allow them to administer the benefits Program and accurately calculate premiums under the Program.

I understand that this authorization may be revoked by written notice to OPC, but this will not apply to information already released. I know I may request a copy of this authorization. I also agree that a photocopy or facsimile of this authorization shall be as valid as the original.

**PRIVACY STATEMENT:**

Beginning January 1, 2004, the Personal Information Protection and Electronic Documents Act (PIPEDA) will apply to personal information held by the insurance companies. To ensure the confidentiality of the personal information held concerning you, OPC Program Administrator and/or Great-West Life will establish an insurance file in which the information concerning your application for insurance will be placed, as well as the information concerning any insurance claims. Only employees or authorized organizations who will be responsible for underwriting, administration, investigation and claims, or any other person you authorize, will have access to this file.

Please Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Employee Number \_\_\_\_\_

Date \_\_\_\_\_