

**PACIFIC FIRST DENTAL & HEALTHCARE PLANS
WITH INSURANCE BENEFITS**

**IN THE MATTER OF THE
PRIVACY ACT OF CANADA AND
PERSONAL INFORMATION PROTECTION ACT**

Name of Company or Business

To abide by the above Acts, Pacific First Dental & Healthcare Plans require each employee's authorization to collect her/his personal information {including family information if applicable) for me in the adjudication and administration of our services, to provide employee benefits.

Pacific First Dental & Healthcare Plans, a division of Pacific Rim Administration Services Ltd., has outlined, on the reverse side of this form, our commitment to the protection of your personal family information.

**THE FOLLOWING IS AUTHORIZATION FOR THE RELEASE OF
PERSONAL DATA, INCLUDING DENTAL & HEALTH INFORMATION.**

I acknowledge that this information shall be shared by Pacific First with certain insurance companies who are providing their benefits in combination with Pacific First. [_____] *Initial*

I acknowledge that for the benefit of my employer and other participants on the plan, Pacific First shall be entitled to provide to my employer the amount of my benefit claims; but NOT allow for the release of any details of the actual medical or dental claim procedure. [_____] *Initial*

This authorization shall continue in effect until the undersigned revokes the same, or is informed by my employer that I am no longer a recognized employee of the company. This Coverage is for Group Plan No. _____.

I acknowledge that Pacific First Dental & Healthcare Plans, has the responsibility to hold my claims information on file for review at any time by the CRA, or any authorized Canadian government agency.

SIGNATURE OF EMPLOYEE

DATED

PLEASE PRINT EMPLOYEE NAME
