



# PRIVACY FORM

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## PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT

Company Name: \_\_\_\_\_

Group Plan No.: \_\_\_\_\_

To abide by the above Acts, Pacific First Dental & Healthcare Plans requires each employee's authorization to collect his/her personal information (including family information if applicable) 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 our commitment to the protection of your personal family information on our website at [www.pacific-first.com](http://www.pacific-first.com) or contact our office for a copy of the Privacy Act.

### THE FOLLOWING IS AUTHORIZATION FOR THE RELEASE OF

### PERSONAL DATA, INCLUDING DENTAL AND 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.

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.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
please print yyyy/mm/dd

Employee Signature: \_\_\_\_\_