



FORM # 7
RELEASE OF INFORMATION

EMPLOYER and/or SGEU LABOUR RELATIONS OFFICER(S)

Third Party Requests: I authorize the SGEU LTD Plan, and/or any of their agents or representatives, to release or share any relevant personal, health, work or labour-related information, or any pertinent vocational/RTW (return-to-work) details including, but not limited to the LTD benefit period, prognosis for recovery, medically prescribed limitations/restrictions, accommodation requirements, workplace and/or performance issues, harassment and/or conflict, or any other information deemed necessary for vocational/RTW planning. **NO CONFIDENTIAL MEDICAL DOCUMENTS AND/OR INFORMATION PERTAINING TO MY DIAGNOSES, CONDITION(S), OR TREATMENT REGIME WILL BE RELEASED OR DISCLOSED WITH ANY EMPLOYER AGENTS OR REPRESENTATIVES OR SGEU LABOUR RELATIONS OFFICER(S).**

SGEU LTD Requests: I authorize the SGEU LTD Plan, and/or any of their agents or representatives, to collect, use or disclose any relevant personal or claim-related information including, but not limited to the approval/termination of benefits, functional health issues impacting ability to work, or medically prescribed recommendations pertinent to the vocational/RTW process, and/or any work or labour-related information including, but not limited to job attendance or performance issues, or reports of workplace conflict/harassment and/or any other information deemed necessary during the administration of my LTD claim.

Information may be discussed with any agent or representative of the third parties (as cited above) and/or the SGEU LTD Plan via telephone, written correspondence, or by any other communication mediums.

I understand that it is my responsibility to notify the SGEU LTD Plan of any changes regarding this authorization and the SGEU LTD Plan is not responsible for the effect of this authorization.

This authorization shall remain valid for the duration of my LTD claim unless revoked in writing by myself or by my designated Contact Representative as per Form # 2. Any photocopy or electronic copy of this authorization shall be as valid as the original.

Member Authorization

Date: _____

Member's Name (Printed): _____

Member's Signature: _____