

CONSENT TO DISCLOSURE AND/OR USE OF PERSONAL EI INFORMATION

The Personal Information is collected under the authority of the *Employment Insurance Act* for the purpose mentioned below.

Your personal information is administered in accordance with the *Employment Insurance Act*, *Department of Employment and Social Development Act* and *the Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in the Personal Information Bank ESDC PPU 150 "Insurance Claim File-Local Office" and will be used and disclosed in accordance with the conditions listed therein and retained for the period of time required by the *Employment Insurance Act* and *Library and Archives Act*.

Information about you and your benefits is confidential. If you want Service Canada to communicate about your Employment Insurance benefits with someone other than you, we need your signed consent. You can give this consent by completing sections 1 and 2 of the form below.

Instructions – Consent to Communicate Information to an Authorized Person

Do I need to complete this form?

It is your choice to complete this form to choose and authorize a person to communicate on your behalf with Service Canada about your Employment Insurance benefits.

Your written consent allows Service Canada to communicate some confidential Employment Insurance benefit information to this person and allows them to communicate with us on your behalf. This consent continues for the duration of your benefit period or until we receive written cancellation from you.

What personal information can be disclosed?

When you give signed consent to Service Canada to communicate with the authorized person, only the following personal Employment Insurance benefit information can be disclosed:

- the start date of your claim;
- your benefit rate;
- the number of weeks you are entitled to receive benefits; and
- the number of weeks paid.

What is the authorized person not allowed to do?

This consent **does not allow** the authorized person to apply for benefits on your behalf or change your address or banking information.

Section 1: Consent (for you to complete and sign)

| | | |
|------------|-------------|-------------------------|
| | | |
| First name | Family name | Social Insurance Number |

With this, I give my consent for Service Canada to communicate information about my Employment Insurance claim to the authorized person named in Section 2 of this form.

This consent form **does not allow** the person I authorize in Section 2 to apply for benefits on my behalf, modify my address, my banking information, or any other information on my file. I understand that this consent stays valid for my Employment Insurance benefit period unless I cancel it in writing.

Signature : _____

| | | | | | | | |
|-------|------|-------|-----|--|--|--|--|
| | | | | | | | |
| Date: | Year | Month | Day | | | | |

Section 2: Person authorized to receive my personal information from Service Canada

| | | | |
|---------------------|-------|-------------|-------|
| Name: | _____ | | |
| Relationship to me: | _____ | | |
| Address: | _____ | | |
| Telephone : | _____ | Cellular: : | _____ |

Check the personal information you wish to disclose to the authorized person

- the start date of your claim
- your benefit rate
- the number of weeks you are entitled to receive
- the number of weeks paid
- all of the above

Protection of your personal information

Service Canada cannot give your personal information to any person or organization without your written consent, except where authorized by the *Employment Insurance Act* or *Employment Insurance Regulations*.

To learn more about this form and Service Canada services, visit **Canada.ca**