

To disclose a member's personal information to a third party written authorization from the member is required. To authorize a third party to have access to your personal information, please complete, sign, and date this form and return the original to TEIBAS for processing. Our mailing address is at the bottom of this page. We also accept scanned forms by email (members@teibas.com) or fax (416-637-6790). **We do not accept typed signatures.** If you have any questions related to this form you can email us at members@teibas.com or call us at 416-637-6789 or toll-free at 1-800-267-0602.

1. MEMBER INFORMATION

Member Information Required (Please print clearly in ink.)

Social Insurance Number (SIN) - (optional):

PIN – 10-digit number found on drug card:

Last Name:

First Name:

Middle Initial(s):

2. THIRD PARTY INFORMATION

Last Name:

First Name:

Middle Initial(s):

Company Name (if applicable):

Apartment No.:

Address:

City:

Province:

Postal Code:

Home Phone:

Alternate Phone:

Email Address:

3. DECLARATION: REQUIRED

I, _____ authorize TEIBAS to disclose any and all of my personal information pertaining to the IBEW Local 353 Trust Funds, and discuss any relevant matter(s) pertaining to me, to the above named person via telephone and/or other forms of communication.

This authorization is to remain in effect for **90 days** as per my signature and date below. At the end of the **90 day** period, this authorization is no longer valid.

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form is correct and accurate to the best of my knowledge.

Member Signature: _____ Date: _____ (DD/MM/YYYY)

To change or renew an authorization, you must complete a new Authorization & Direction Form and submit to TEIBAS.

To CANCEL an existing authorization before the 90 day expiry, you must submit a request in writing to TEIBAS.