GreenShield Insurance

Claim History Summary – Request for Personal Information

Plan Member's Information:

Last Name _____ First Name _____ Plan Member ID _____

Address _____

City _____ Province _____ Postal Code _____ Email Address _____

Please indicate any other dependents under 16 for whom information is being requested:

_____

I, _____, request access to the following information that Green Shield Canada Insurance has on file regarding myself.

If you are requesting information for dependent(s) that are age 16 & over, they must complete and sign a separate Claim History Summary - Request for Personal Information form.

Type of Information Requested: ☐ **Dental** ☐ **Drug** ☐ **EHS (Health & Non-Health)**

Period of Time Requested: From _____ / _____ / _____ **to** _____ / _____ / _____

YEAR MONTH DAY YEAR MONTH DAY

For the following purpose:

- ☐ To ensure that my information is correct pursuant to section 4.9 of Personal Information Protection and Documents Act (PIPEDA)
- ☐ To identify all third parties that Green Shield Canada Insurance may have disclosed my information to
- ☐ Information for tax purposes
- ☐ Information to be used to support a disability claim

I understand that Green Shield Canada Insurance may not release information to me if solicitor-client privilege applies, confidential commercial information would be revealed, it is reasonably believed that the life or security of another individual would be threatened, the information was collected under Section 7(1)(b) of PIPEDA- for an investigation, or the information was generated during a formal dispute resolution process.

By signing below, I certify that the information I have provided on this form is complete and accurate.

Requester's Signature _____ Date _____

Payment in the form of a cheque or money order made payable to Green Shield Canada Insurance <u>must</u> accompany the Access Request Form.

Fee Charge: $50.00 + applicable taxes ($56.50) per family in ON, NF, NB
$50.00 + applicable taxes ($57.50) per family in NS
$50.00 + applicable taxes ($52.50) per family in all other provinces not listed above

Please return to:
Secretarial Clerk
Green Shield Canada Insurance,
P.O. Box 1606, Windsor, ON N9A 6W1