

Request to Access Personal Information

Health Claims for Auto Insurance
PROCESSING

Section 1: Claimant Information <i>As it appears on the insurance claim</i>		
First Name:	Middle Initial(s):	Last Name:
Gender ¹ : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Postal Address (<u>as appears on the last OCF sent to the insurer</u>):		
Postal Address where to mail the information (<u>only if different from above</u>):		

Section 2: Requester Information <i>If not the claimant</i>		
First Name:	Middle Initial(s):	Last Name:
Postal Address:		
Relationship with Claimant: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other Specify:		

¹ We do recognize that some individuals may be gender neutral or have no gender. Unfortunately, at this time, the gender X is not part of the information collected to manage a claim.

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Section 3: Claim Information	
Insurance Company Name:	
Claim number:	Date of Accident:

Section 4: Delivery
Documents format: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper
Email address
<p>Note that the documents might have to be sent via courier, on a CD, if too big)</p> <p>Please note that emails sent over the internet are not secure and may be lost, intercepted, misused or altered. HCAIP is not liable for the loss, interception, misuse or alteration of any confidential information sent by email.</p>

Section 5: Access Request:

Describe the information you are seeking access to

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Section 6: Signature of Submitter

Must be the claimant or the requester

Signature:	Date:
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