

Authorizing or Cancelling a Representative Form



Complete this form to authorize the release of personal information to a representative or to cancel an existing representative. Only completed forms will be processed. Retain a copy for your files.

Forward the completed form to the Doctors of BC via scan and e-mail to benefits@doctorsofbc.ca.

This authorization will remain in effect until formally cancelled.

| | | | | | |
|--|---|-----------|-------------------------------|-------------|------------|
| Authorization or Cancellation | Last Name | | First Name and Middle Initial | | MSP Number |
| | I, | | | | |
| | authorize the release of personal information by the Doctors of BC to the representative named below. | | | | |
| If a firm , enter the name of the firm. If an individual , enter the first and last name of the individual. | Representative's name (firm or individual) | | | | |
| If you entered a firm as your representative, and you want to specify a particular individual of that firm, enter that individual's first and last name. | Individual at Firm (optional) First and Last Name | | | | |
| Representative's Address and other contact information | Address: | | | | |
| | | | | | |
| | City | | Province | Postal Code | |
| | Telephone Number: | Area Code | Number | | |
| | Email Address: | | | | |

| | |
|----------------------------------|--|
| Purposes of Authorization | I request that this authorization apply to all information regarding: |
| Check all appropriate boxes. | <input type="checkbox"/> Insurance <input type="checkbox"/> Negotiated Benefits (CME, CMPA, CPRSP, PDI, PLP & REAP) <input type="checkbox"/> Doctors of BC Honoraria/ Sessional Payments <input type="checkbox"/> Income (FFS, Service Contract, Sessional & Rural Locum) <input type="checkbox"/> T4 and T4A slips <input type="checkbox"/> Membership |

| | | | | | | | |
|---|--|------|----|------|--|--|--|
| Cancellation date (Complete to cancel only) | I formally request that authorization given to the above representative be cancelled effective: | | | | | | |
| | <table border="1"> <tr> <td>mmm</td> <td>dd</td> <td>yyyy</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | mmm | dd | yyyy | | | |
| mmm | dd | yyyy | | | | | |
| | | | | | | | |

| | | | | |
|---------------------------|----------|-----------|-----|------|
| Signature and date | X | | | |
| | | Signature | mmm | dd |
| | | | | yyyy |