

# 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](mailto:benefits@doctorsofbc.ca) or [insurance@doctorsofbc.ca](mailto:insurance@doctorsofbc.ca) if the authorization/cancellation is for insurance related items only.

This authorization will remain in effect until formally cancelled.

<b>Authorization or Cancellation</b>	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 <b>firm</b> , enter the name of the firm. If an <b>individual</b> , 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:		

<b>Purposes of Authorization</b>	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

<b>Cancellation date</b> (Complete to cancel only)	I formally request that authorization given to the above representative be cancelled effective:
	mmm                                  dd                                  yyyy

<b>Signature and date</b>	<b>X</b>				
		Signature			mmm    dd    yyyy