

1. IDENTIFICATION OF THE PERSON AUTHORIZING THE TRANSMISSION OF INFORMATION

The authorizing person is an employee or retiree in the construction industry.	
CCQ client number	Main telephone number
Last name	First name

2. INFORMATION ON THE PERSON AUTHORIZED TO OBTAIN INFORMATION CONCERNING THE PERSON WHOSE NAME IS IN THE ABOVE SECTION

The authorized person is the person whom you wish to authorize to receive information in your file. That person will have to answer certain questions to confirm his or her identity.			
Last name		First name	
Main telephone number	Secondary telephone number	Date of birth (YYYY-MM-DD)	
No.	Street	Apartment no.	
P.O. box	City	Province	Postal code

3. INFORMATION COVERED

Before writing anything in the "Other" space, make sure that none of the choices correspond to your request.

This authorization will allow the person indicated in the section **Information on the person authorized to obtain information** to obtain information related to what you have checked (you may check a number of boxes). To find out exactly what information will be transmitted, please read the explanatory guide in section 8.

- 1 My medical and dental insurance claims
- 2 My eligibility for insurance plans and insurability notices
- 3 My MÉDIC Construction card
- 4 My dependents
- 5 My disability insurance benefits and hour credits
- 6 My pension plan and pension benefits
- 7 My registered hours
- 8 My salary complaints and civil claims
- 9 My paid vacation cheques and statements
- 10 My tax slips
- 11 My competency certificate and apprentice record book
- 12 My qualification examinations
- 13 My upgrading activities and financial incentives
- 14 Other. Specify: _____

4. AUTHORIZATION OF EMPLOYEE OR RETIREE

Please write the last and first names in capital letters.

I,

Last name

First name

authorize the Commission de la Construction du Québec (CCQ) to transmit to the person whose name is in the section **Information on the person authorized to obtain information** the information indicated in the section **Information covered**.

This person may therefore obtain certain information concerning me from the CCQ.

I want this authorization to come into effect now Yes No : Date of coming into effect (YYYY-MM-DD) _____

I want this authorization to end 3 years after the date of the signature Yes No : Date of end of authorization (AAAA-MM-DD) _____

IMPORTANT : The date cannot be more than 3 years following the date of signature of this form

Signature

Date of signature (YYYY-MM-DD)

5. REVOCATION (CANCELLATION) OF AN AUTHORIZATION

The section must be filled out if you wish to revoke (cancel) a current authorization.

I,

Last name

First name

Revoke the authorization permitting the CCQ to give

Last name

First name

information concerning me.

Signature

Date of signature (YYYY-MM-DD)

Please return this form by one of these means:

- By mail: Commission de la construction du Québec
Customer Services
Case postale 2030, succursale Chabanel
Montréal (Québec) H2N 0C4

- By fax: 1 833 341-6931

6. HOW TO FILL OUT THE FORM

You must fill out a form for each person whom you authorize to receive personal and confidential information or for whom you revoke authorization to obtain such information.

To authorize a person:

- You must fill out the sections **Identification of the person authorizing the transmission of information, Information on the person authorized to obtain information, Information covered, and Authorization of employee or retiree.**

To revoke (or cancel) an authorization:

- You must fill out the sections **Identification of the person authorizing the transmission of information and Revocation (cancellation) of an authorization.**

To revoke one person and authorize a new person:

- You must fill out the sections **Identification of the person authorizing the transmission of information, Information on the person authorized to obtain information, Information covered, and Authorization of employee or retiree** for the new person, and **Revocation (cancellation) of an authorization** for the person concerned.

Do you wish to change the information that you have sent to the CCQ?

- You must fill out all of the following sections: **Identification of the person authorizing the transmission of information, Information on the person authorized to obtain information, Information covered, and Authorization of employee or retiree.** Note that the previous authorization will be revoked and replaced by the one you have filled out.

7. GENERAL INFORMATION ON THE AUTHORIZATION TO COMMUNICATE INFORMATION TO A PERSON

- You must notify the CCQ of any change concerning the individual whom you authorize to receive information in your file. For example, if that person changes address or telephone number, you must inform the CCQ of this. You must also inform the CCQ if you wish to revoke this authorization before its period of validity expires or if you make changes regarding your dependents or your residential address.
- The CCQ does not take any responsibility in this regard.

1. What is personal and confidential information?

Personal and confidential information is information that directly involves your file, such as the date that a cheque is sent, an insurance or vacation reimbursement, and the number of hours worked.

2. Why can't the CCQ disclose this information without my authorization?

For your protection. In this regard, the CCQ must comply with the standards set out by the *Act Respecting Protection of Personal Information*. The CCQ therefore may not provide personal and confidential information to your spouse, common-law spouse, children, or any other person if that person does not have your written authorization. It is up to you to tell the CCQ whom you authorize to obtain your personal and confidential information.

3. What may the authorized person do?

The person whom you have authorized may obtain personal and confidential information that concerns you. You choose the category of information that the CCQ may transmit to that person. That person may not act on your behalf – that is, he or she may not modify your file or sign a document for you.

4. How can I send in my form?

Paper form: You can send it by mail or fax to your regional office's Customer Services. If your form is properly filled out, it will be processed within five working days following its receipt.

Online services: Your application will be valid when it is registered. Visit sel.ccq.org.

5. For how long is this authorization valid?

Your authorization will be valid:

- until the date that you give on the authorization form in the section **Authorization of employee or retiree**. This date may be a maximum of 3 years from the date on which the form is signed
or
- until you decide to revoke it
or
- until you are the subject of a tutorship, curatorship, or mandate of incapacity

Thirty days before the validity period expires, the CCQ will send you, by mail or email, a notification that the authorization will end soon. This notification will specify how to renew the authorization before it expires.

7. GENERAL INFORMATION ON THE AUTHORIZATION TO COMMUNICATE INFORMATION TO A PERSON (CONTINUED)

6. How do I revoke or modify an authorization?

At any time, you may use the online services at sel.ccg.org to consult, modify, or revoke your authorization, if it is still active, even if you have filled out a printed authorization form.

If you do not use the online services, you will have to make most modifications by filling out the form again.

By telephone, you will be able only to consult or modify the contact information of the authorized person or revoke the authorization, and only during our office hours.

8. GUIDE AND EXPLANATIONS

What information will the person whom you authorize in the section **Information on the person authorized to obtain information** have access to?

Below is a list of the information to which this person will have access for each of the categories that you check off in the section **Information covered**.

<p>1. My medical and dental insurance claims</p> <ul style="list-style-type: none"> • Processing of your insurance claims • The amounts of insurance coverage available • The amounts, issuance dates, and history of claim reimbursements • Estimates of costs (dental and medical) 	<p>2. My eligibility for insurance plans and insurability notices</p> <ul style="list-style-type: none"> • Your insurance periods and reference periods • Your insurability conditions • Your insurance coverage and protection • Explanations of choices of insurance options and premium reimbursements • Your hours and hour reserve
<p>3. My MÉDIC Construction card</p> <ul style="list-style-type: none"> • Your MÉDIC Construction card (information on it, date of delivery, cancellation, duplicates) 	<p>4. My dependents</p> <ul style="list-style-type: none"> • Processing of your dependents file (types of documents, academic transcript)
<p>5. My disability insurance benefits and hour credits Please note that no information of a medical nature may be divulged.</p> <ul style="list-style-type: none"> • Your eligibility conditions and the eligible amounts • Processing of disability insurance claims and compensation advances • Payment of the disability insurance benefit (cheque amount and date issued) • Hour credits in your insurance file 	<p>6. My pension plan and pension benefits</p> <ul style="list-style-type: none"> • Your eligibility for the pension plan (number of hours, age, and years required) • Your application for pension benefits (processing, choices offered, due date) • Your pension statements (processing, types of eligible benefits, due date) • Your pension amount (processing, date of delivery and deposit, due date) • Your reimbursement of hours after retirement (processing, form, amount, date issued)
<p>7. My registered hours</p> <ul style="list-style-type: none"> • Your hours worked and as voluntary contributions 	<p>8. My salary complaints and civil claims</p> <ul style="list-style-type: none"> • Follow-up on your salary complaints (due date, amount) • Details on your civil claims (due dates, amount)
<p>9. My paid vacation cheques and statements</p> <ul style="list-style-type: none"> • The periods related to your paid vacations (month, employer) • The issuing or reissuing of your cheque (due date, procedure, processing) • Details of the payment and amount of your vacation cheques (processing, type, date issued) 	<p>10. My tax slips</p> <ul style="list-style-type: none"> • The periods for your tax slips • The issuing or reissuing of your tax slips (due date, procedure, processing) • Details and types of amounts recorded on them
<p>11. My competency certificate and apprentice record book</p> <ul style="list-style-type: none"> • Periods of validity and types of certificates • Details of the apprentice record book (year, types of hours, total hours, apprenticeship period) 	<p>12. My qualification examinations</p> <ul style="list-style-type: none"> • Examination details and results • Your applications for admission and retaking (conditions, due date, procedure, result) • Your future and past registrations (due dates, procedure)
<p>13. My upgrading activities and financial incentives</p> <ul style="list-style-type: none"> • Your future or past registrations for activities (date, due date, procedure, processing) • Your conditions for refunds (due date, procedure, amount, processing) • Your refund cheques (date, amount, due date, procedure, processing) 	