

1. IDENTIFICATION OF THE PERSON AUTHORIZING THE COMMUNICATION OF INFORMATION

The person authorizing is the construction industry client

CCQ client no.	Main telephone number
Last name	First name

2. IDENTIFICATION OF THE INDIVIDUAL AUTHORIZED TO OBTAIN INFORMATION CONCERNING THE PERSON NAMED IN THE ABOVE SECTION

The authorized individual is the person you want to have authorized to obtain information on your file. This person will have to answer certain questions to confirm his or her identity.

CCQ client no. (if applicable)	Last name	First name	
Main telephone number	Secondary telephone number	Date of birth (YYYY-MM-DD)	Email address
No.	Street		Apartment no.
P.O. box	City	Province	Postal code

3. AUTHORIZED SUBJECTS

This authorization will allow the person identified in section 2 to obtain information related to the subjects you check (you can check more than one box). To find out which information exactly will be sent to this person, please read the explanatory guide in section 8.

- 1 Salary insurance and hour credits
- 2 Apprenticeship record book
- 3 Competency certificate
- 4 Paid vacations
- 5 Training and examinations
- 6 Hours recorded
- 7 MÉDIC Construction
- 8 Salary complaints and civil claims
- 9 Tax statements
- 10 Pension

4. CLIENT'S AUTHORIZATION

Please write the last name and first name in capital letters.

I,

Last name

First name

authorize the Commission de la construction du Québec (CCQ) to communicate to the person named in section 2 the authorized subjects listed in section 3.

As such, this person will be able to obtain certain information concerning me from the CCQ.

I want this authorization to come into force as of (YYYY-MM-DD)

I want this authorization to end as of (YYYY-MM-DD)

Signature

In witness whereof, I signed on (YYYY-MM-DD)

5. WITHDRAWAL (CANCELLATION) OF AN AUTHORIZATION

This section must be filled out if you wish to withdraw (cancel) an authorization in force.

I,

Last name

First name

withdraw the authorization allowing the CCQ to give

Last name

First name

information concerning me.

Signature

In witness whereof, I signed on (YYYY-MM-DD)

Please return this form by one of the following means:

- Online: using the “Contact Us” form accessible in the online services (sel.ccq.org) or on our website (ccq.org), “Contact Us” section
- By mail: Commission de la construction du Québec
Service à la clientèle
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 one form for each person whom you authorize to receive personal and confidential information or for whom you withdraw authorization to obtain such information.

To authorize a person:

- you must fill out sections 1 to 4.

To withdraw (or cancel) an authorization:

- you must fill out sections 1 and 5.

To withdraw one person and authorize a new person:

- you must fill out sections 1 to 4 for the new person and section 5 to withdraw the person concerned.

If you wish to change the information you sent to the CCQ:

- you must fill out all of sections 1 to 4. Note that the previous authorization will be withdrawn and replaced by the one you have filled out.

7. GENERAL INFORMATION ON THE AUTHORIZATION TO COMMUNICATE INFORMATION TO AN INDIVIDUAL

- You must notify the CCQ of any changes related to the individual whom you authorize to receive information on your file. For example, if this person changes address or telephone number, you must inform the CCQ of this. You must do the same thing if you wish to terminate this authorization before its validity period ends or if you make changes related to your dependents or your home address.
- The CCQ disclaims all responsibility in this regard.

What is personal and confidential information?

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

Why can't the CCQ disclose this information without your authorization?

To protect you, the CCQ must comply with the standards set out in the *Act respecting the protection of personal information*. The CCQ therefore cannot provide personal and confidential information to your spouse, common-law spouse, children, or any other individual, if it has not obtained your written authorization. You must therefore tell the CCQ whom you authorize to obtain your personal and confidential information.

What will the authorized person be able to do?

The person you have authorized will be able to obtain personal and confidential information concerning you. You will choose the category of information that the CCQ can communicate to him or her. This person will not be able to act in your name – that is, he or she will not be able to change your file or sign a document for you.

How can you send us your form?

Paper form: You can return it by mail or fax to the Customer Service in your regional office. If your form is properly filled out, it will be processed within 5 working days of its receipt.

Online services: Your request will be valid once it is registered. Go to sel.ccq.org.

How long is this authorization valid?

Your authorization will be valid:

- until the date you have given in section 4 of the authorization form
or
- until you decide to withdraw it
or
- until you are subject to a guardianship, a curatorship, or a mandate of incapacity

Do you want to withdraw or modify an authorization?

At any time, you can use the online services at sel.ccq.org to consult, change, or withdraw your authorization, if it is still active, even if you have filled out a hard-copy authorization form.

If you are not using the online services, most of the changes will have to be made by filling out the form again.

By phone, you can consult or change the contact information of the authorized person or withdraw the authorization only during our office hours.

8. EXPLANATORY GUIDE

What information will the person you authorize in section 2 have access to?

This page explains the information to which this person will have access for each of the authorized subjects that you checked in section 3.

Salary insurance and hour credits

My disability insurance benefits and my hour credits

- Your eligibility conditions and the eligible amounts
- Processing of disability insurance claims and advances of compensation
- Payment of the disability insurance benefit (cheque amount and issuance date)
- The hour credits in your insurance file

No medical information may be disclosed.

Apprenticeship record book

My apprenticeship record book

- Details in the apprenticeship record book (year, types of hours, hours totals, apprenticeship period)

Competency certificate

My competency certificate

- Validity periods and types of certificates

Paid vacations

My cheques and my paid vacation statements

- The periods related to your paid vacations (month, employer)
- Issuance or reissuance of your cheque (timing, procedure, processing)
- Details of the payment and the amount of your vacation cheques (processing, type, and issuance date)

Training and examinations

My qualification examinations

- Exam details and results
- Your admission and retaking applications (conditions, timing, procedure, result)
- Your past and future registrations (timing, procedure)

My upgrading activities and financial incentives

- Your future or past registrations for activities (date, timing, procedure, processing)
- Your reimbursement conditions (timing, procedure, amount, processing)
- Your reimbursement cheques (date, timing, procedure, amount, processing)

Hours recorded

My recorded hours

- Your hours worked and in voluntary contribution

MÉDIC Construction

My medical and dental insurance claims

- Processing of your insurance claims
- Amounts of insurance coverage available
- Amounts, issuance dates, and history of claim reimbursements
- An estimate of costs (dental and medical)

My eligibility for insurance plans and my insurability notices

- Your insurance periods and reference periods
- Your insurability conditions
- Your insurance coverage and protections
- Explanations regarding choice of insurance options and of reimbursement of premiums
- Your hours and your hours reserve

My MÉDIC Construction card

- Your MÉDIC Construction card (information on it, issuance, cancellation, duplicate)

My dependents

- Processing of your dependents file (types of documents, school records)

8. EXPLANATORY GUIDE (CONTINUED)

Salary complaints and civil claims

My salary complaints and my civil claims

- Follow-up on your salary complaints (timing, amount)
- Details of your civil claims (timing, amount)

Pension

My pension plan and my pension benefits

- Your eligibility for the pension plan (number of hours, age, and years required)
- Your application form for pension benefits (processing, choice offered, timing)
- Your pension statements (processing, types of eligible benefits, timing)
- Your pension amount (processing, date of issuance and deposit, timing)
- Your reimbursement of hours after retirement (processing, form, amount, issuance date)

Tax statements

My tax statements

- Periods related to your tax statements
- Issuance or reissuance of your tax statements (timing, procedure, processing)
- Details and types of amounts they contain