

RELEASE OF INFORMATION –

Insured Benefits Appeal

TO: CANADA LIFE

This shall be your authority to deliver immediately to the **Insurance Appeal Committee (IAC)**, in care of the Benefits Governance and Appeals Unit, Total Compensation Strategies Branch, Centre for Public Sector Labour Relations and Compensation, Treasury Board Secretariat, Province of Ontario, a copy of each and every medical report prepared by or under the authority of a medical practitioner, and a copy of each and every document or other material in any format prepared by any person, in your possession in connection with my benefits claim:

_____ For _____
 (date of claim) (specify type of benefit claimed)

with the Ontario Public Service.

I understand that this information and materials are deemed **Private & Confidential**, for use by Insurance Appeal Committee members only, with respect to my insured benefits appeal.

_____ Signature	_____ Date
_____ Print Name	_____ Identification Number (WIN ID or Pensioner Client number)
_____ Bargaining Group/Association (if applicable)	_____ Policy/Plan Number
_____ Telephone Number	_____ Email /Other Address

Email to: IACappeals@ontario.ca

or **Mail To:** The Insurance Appeal Committee, Benefits Governance and Appeals Unit, Total Compensation Strategies Branch, Total Rewards and Classification Division, Centre for Public Sector Labour Relations and Compensation, Treasury Board Secretariat, 315 Front St. W., 7th Floor, Toronto, ON M5V 3A4 or Fax #416-327-8402.