

**RELEASE OF INFORMATION - Insured Benefits Appeal**

**TO: CANADA LIFE (formerly Great West Life)**

This shall be your authority to deliver immediately to the **Insurance Appeals Committee**, in care of the Benefits Policy Unit, Total Compensation Strategies Branch, 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 material provided is deemed **Private & Confidential**, for use by Insurance Appeals 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	_____ Address

Email to: [IAAppeals@ontario.ca](mailto:IAAppeals@ontario.ca) or Mail To: The Insurance Appeals Committee: Treasury Board Secretariat, Centre for Public Sector Labour Relations and Compensation, Total Compensation Strategies Branch, Benefits Policy Unit, 315 Front Street West, 6th Floor, Toronto, Ontario M7A 0B8 or Fax # 416 327 8402