

**TRANSIT EMPLOYEES' HEALTH AND BENEFIT TRUST
REQUEST FOR ACCESS TO PERSONAL INFORMATION**

Last Name	First Name	Middle Name	Employee ID
Street, Apartment No., P.O. Box, R.R. No.	City/Town	Province/Country	Postal Code
Day Phone No.	Alternate Phone No.	Email	

Personal information contained on this form is collected under the *Personal Information Protection Act* and will be used only for the purpose of responding to your request.

I request copies of the following documents that:

- contain my personal information;
- are dated between _____ and _____;
- relate to (state if your request relates to a specific issue or benefit) _____; and
- concern the

<input type="checkbox"/> Income Continuance Plan; or	<input type="checkbox"/> Long Term Disability Plan; or
<input type="checkbox"/> Short Term Disability Plan; or	<input type="checkbox"/> Other Plan _____(specify)
- ☐ Any application forms I completed;
- ☐ If a previous appeal has been filed to the Trustees:
 - ☐ Communication (including e-mail) received by the Trust;
 - ☐ Communication (including e-mail) sent by the Trust;
- ☐ Notes from telephone conversations;
- ☐ Information provided by employer including earnings, changes in earnings etc.
- ☐ Medical reports;
- ☐ Other (please set out the scope of your request in detail)

Signed _____ Dated _____

All requests for access to personal information carry a charge of \$30.00 per request to cover administrative cost and photocopying, with an additional charge of \$0.25 for every page copied in excess of 50 pages. The fee must be paid before the records requested will be released. Note, the process may take approximately 3 - 4 weeks.

Make cheques payable to: Mail the completed package (form and cheque) to:	Transit Employees' Health & Benefit Trust Trust Secretary Transit Employees' Health & Benefit Trust c/o Cindy Lee, Trust Administrator Mercer (Canada) Limited Bentall 5, 550 Burrard Street, Suite 800 Vancouver, B.C. V6C 2K1
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