

INDIVIDUAL'S CONSENT TO DISCLOSURE AND/OR USE OF PERSONAL INFORMATION

I, _____
(Name) (Social Insurance Number)

(address) (city, province) (postal code)

(phone)

DO HEREBY AUTHORIZE: _____

Unemployed Workers Help Centre

400-2221 Cornwall Street, Regina, SK, S4P 2L1
Phone: (306) 525-5138 Fax: (306) 525-5148
email: uwhc.regina@sasktel.net

2154 Airport Drive, Saskatoon, SK, S7L 6M6
Phone: (306) 382-8662 Fax: (306) 978-7815
email: uwhc.saskatoon@sasktel.net

www.unemployedworkerscentre.org

TO ACT ON MY BEHALF FOR THE PURPOSE OF REVIEWING, DISCUSSING AND REPORTING ON THE DOCUMENTS AND INFORMATION REGARDING MY EMPLOYMENT INSURANCE BENEFIT CLAIM AND PROVIDING COPIES OF ANY SERVICE CANADA LETTERS, PAYMENT INFORMATION, ITEMIZED STATEMENTS, CLAIM REPORTS AND RECORDS OF EMPLOYMENT ON MY EI CLAIM FILE WHICH ARE REQUESTED BY THE PERSON AUTHORIZED BY THIS CONSENT FORM.

DURATION OF AUTHORIZATION: 52 WEEKS FROM SIGNATURE DATE

SPECIFIC DECISIONS: REQUESTING INFORMATION OR IN DISPUTE

AND IF NECESSARY:

___ REQUESTING A RECONSIDERATION OF AN EMPLOYMENT INSURANCE DECISION

___ LODGING AN APPEAL TO THE SOCIAL SECURITY TRIBUNAL

(Signature) (Date)