

RELEASE OF INFORMATION- Insured Benefits Appeal

TO: GREAT-WEST LIFE ASSURANCE COMPANY

This shall be your authority to deliver immediately to the **Insurance Appeals Committee**, in care of the Benefits Policy Unit, Total Compensation Strategy 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 claim dated

_____ for _____
(date of claim) (specify benefit claimed)

with the Ontario Public Service.

I understand that this information and material 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

Send To: The Insurance Appeal Committee: Employee Relations Division, Total Compensation Strategy Branch, Benefits Policy Unit, Treasury Board Secretariat. 77 Wellesley Street W. 13th Floor, Ferguson Block Toronto, Ontario M7A 1N3 Fax # 416 327 8402