

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

Last Name	First Name	Middle Name	
Street, Apartment No., P.O. Box, R.R. No.	City/Town	Province/Country	Postal Code
Day Phone No.	Alternate Phone No.	E-mail and Day Fax No.	

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      ☐ Income Continuance Plan; or      ☐ Long Term Disability Plan; or  
                         ☐ Short Term Disability Plan; or      ☐ Other Plan \_\_\_\_\_ (specify)
  
- ☐ Any application forms I completed;
- ☐ 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**

Mail the completed form with your cheque to:

Trust Secretary  
Transit Employees' Health & Benefit Trust  
c/o Pam Boudraa, Trust Administrator  
Mercer (Canada) Limited  
Bentall 5, 550 Burrard Street, Suite 900  
Vancouver, B.C. V6C 3S8