

The purpose of this Declaration is to authorize the Appeal Commissioner, to access medical information held by Manufactures Life Insurance Company ("Manulife").

Provident<sup>10</sup> and the Appeal Commissioner recognizes and respects the Plan Member's right to appeal any decision.

To avoid delay, please mail the completed form to the following address (and keep a copy for your records). Appellants are urged to use a means of delivery that provides proof and date of delivery, such as registered mail, certified mail, or courier.

Director – Pension Administration / Appeals

Provident<sup>10</sup>

15 International Place, Suite 200

St. John's, NL A1A 0L4

<b>1 Plan Member information and consent</b>			
Plan Member name (last, first, middle initial)		Home phone number (    )	Cell phone number (    )
Address (number, street, apt.)	City	Province	Postal code
Name of employer		Email address	
Date of birth (dd/mmm/yyyy)	Employee Number		

**I hereby authorize** the release of any medical information held with the Manufacturers Life Insurance Company ("Manulife") to the Appeal Commissioner. The medical information includes but is not limited to copies of all consultation reports, clinical notes, test results, hospital records and notes made by the representative of Manulife in the rendering of their decision. **I understand** that I can revoke this consent at any time but that without it, my application for appeal cannot be assessed. **I agree** that a copy or electronic version of this authorization shall be as valid as the original.

Plan Member's-signature

Date (dd/mmm/yyyy)