



PRIVACY RELEASE FORM
Health and Travel Claims

Please complete and submit to GMS at 2055 Albert Street PO Box 1949 Regina, SK S4P 0E3 or scan and email to info@gms.ca

Release		
<p>I, _____, give permission to _____ (my "Agent") <small>INSURED PERSON (first and last name) MY INSURANCE BROKER/AGENT</small></p> <p>to have access to any and all relevant claims information, including medical records and personal health information related to the adjudication of my claim number/case ID _____ with Group Medical Services ("GMS"). <small>CASE ID/CLAIM NUMBER</small></p> <p>By signing this form I acknowledge and understand that information regarding my claim, including personal health information, will be shared between GMS and my Agent. It is my request that my Agent assist me in understanding the claim adjudication procedure and its results. I understand that GMS may involve GMS' sales staff in communications with my Agent and that GMS must share my personal health information with GMS' sales staff in order to assist with resolution of my claim.</p> <p>I agree that my electronic signature in this agreement has the same legal effect as handwritten signatures. Electronic signatures include any information in electronic form that a party has created or adopted in order to sign a document and that is in, attached to, or associated with the document, including signatures sent by fax or email.</p>		
Signature of Insured Person X	Name of Insured Person <i>(please print)</i>	Date <i>(DD/MM/YYYY)</i>

For claims enquiries, please contact our Customer Care Centre at 1.800.667.3699 or info@gms.ca.