

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 11 – Group Insurance Benefits Authorization
CMHO Standard(s):
Approved: April 2004 Page 1 of 1



HUMAN RESOURCES

Appendix 11 GROUP INSURANCE BENEFITS AUTHORIZATION
Approved April 2004

Staff's Name: _____

I authorize:

- St. Leonard's Community Services, my plan administrator and benefit provider to exchange information, when necessary to determine my eligibility for coverage and to administer the group benefits plan;
- St. Leonard's Community Services, my plan administrator and benefit provider to use my personal information such as name, address, date of birth and social insurance number to administer my coverage and benefits under the group benefits plan, when required.

I certify that I am authorized to act on the behalf of my spouse and/or dependants if applying for coverage.

Signed: _____

Date: _____