



Authorization to Provide Claims and Benefits Information

Submit online at icbc.com/claims
or return to
ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6
Fax 1-877-686-4222



CLAIM NUMBER	CLAIMS REPRESENTATIVE	PHONE NUMBER	DATE
CLAIMANT NAME			

To whom it may concern:

I, _____, authorize

- my health care insurer(s) _____
- and/or any family health care insurer(s) _____
- and/or my employer's health care insurer(s) _____
- and/or the provider (including the government of a province or territory of Canada, Canada or another jurisdiction) of benefits or other forms of income assistance under the Employment Insurance Act (Canada) or other applicable laws;
- and/or any other income replacement insurer(s) _____
(INSURANCE COMPANY NAME)

to provide any representative of the Insurance Corporation of British Columbia (ICBC), in any format specified by ICBC including verbal, written, and electronic formats, all information relating to my insurance benefits, health care benefits, income assistance or replacement benefits, or disability benefits for the purposes of determining my enhanced accident benefits and managing my claim.

This is not a release of claim for damages.

SIGNATURE

ADDRESS

PHONE NUMBER

The information you provide on this form is collected in accordance with section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and section 9 of the *Insurance Corporation Act*. This information will be used to manage your claim. There is also a possibility it will be referenced on future claims you may have. Questions about this collection of personal information should be directed to your claim representative or you may also contact ICBC's privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9 or call 604-661-2800.