

**1. INFORMATION ON THE PERSON WHO IS AUTHORIZING THE TRANSMISSION OF INFORMATION**

The authorizing person is the worker in the construction industry.	
CCQ client number or social insurance number	Main telephone number
Family name	First name

**2. INFORMATION ON THE PERSON AUTHORIZED TO OBTAIN INFORMATION CONCERNING THE PERSON WHOSE NAME IS IN SECTION 1**

The authorized person is the person whom you wish to authorize to receive information in your file.			
Family name		First name	
Main telephone number	Secondary telephone number	Date of birth (YYYY-MM-DD)	
No.	Street	Apartment no.	
P.O. box	City	Province	Postal code

**3. INFORMATION COVERED**

Before writing anything in the "Other" space, make sure that none of the above choices correspond to your request.

This authorization will allow the person indicated in section 2 to obtain information related to what you have selected (you may select a number of boxes). To find out exactly what information will be transmitted to this person, please read the explanatory guide attached to this form.

- 1  My medical and dental insurance claims
- 2  My eligibility for insurance plans and insurability notices
- 3  My MÉDIC Construction card
- 4  My dependents
- 5  My disability insurance benefits and hour credits
- 6  My pension plan and pension benefits
- 7  My registered hours
- 8  My salary complaints and civil claims
- 9  My paid vacation cheques and statements
- 10  My tax slips
- 11  My competency certificate and apprentice record book
- 12  My qualification examinations
- 13  My upgrading activities and financial incentives
- 14  Other. The following information: \_\_\_\_\_

#### 4. AUTHORIZATION

Please write the family and first names in capital letters.

I,

\_\_\_\_\_ Family name

\_\_\_\_\_ First name

authorize the Commission de la Construction du Québec to transmit to the person whose name is in section 2 the information indicated in section 3.

Therefore, this person may obtain certain information concerning me from the CCQ.

I wish this authorization to be in effect starting now:  Yes  No

If you have checked "No," write the date of coming into effect of your authorization (this authorization will be valid up to a maximum of three years starting from the date of signature):

I wish this authorization to end on (maximum three years):

\_\_\_\_\_ Signature

\_\_\_\_\_ In witness whereof, I have signed on (YYYY-MM-DD)

#### 5. REVOCATION

Section 5 must be filled out if you wish to revoke (cancel) an authorization.

I,

\_\_\_\_\_ Family name

\_\_\_\_\_ First name

revoke the authorization permitting the Commission de la Construction du Québec to give

\_\_\_\_\_ Family name

\_\_\_\_\_ First name

information concerning me.

\_\_\_\_\_ Signature

\_\_\_\_\_ In witness whereof, I have signed on (YYYY-MM-DD)

Make sure that you have filled out all information requested so that the form will not be returned to you. This way, you will avoid needless delays in the processing of your application.

#### **Abitibi-Témiscamingue**

518, rue Giguère  
Val-d'Or (Québec) J9P 6M4  
819 825-4477  
Fax: 819 825-2192

#### **Bas-Saint-Laurent – Gaspésie**

188, rue des Gouverneurs  
Rimouski (Québec) G5L 8G1  
418 724-4491  
Fax: 418 725-3182

#### **Côte-Nord**

598, boul. Laure, suite 112  
Sept-îles (Québec) G4R 1X7  
418 962-9738  
Fax: 418 962-7321

#### **Estrie**

2700, rue Galt Ouest  
Sherbrooke (Québec) J1K 2V8  
819 348-4115  
Fax: 819 565-5023

#### **Mauricie – Bois-Francs**

125, rue des Forges, 5<sup>th</sup> floor  
Trois-Rivières (Québec) G9A 2G7  
819 379-5410  
Fax: 819 693-5625

#### **Montréal**

1201, boul. Crémazie Est  
Montréal (Québec) H2M 0A6  
514 341-2686  
Fax: 514 341-4025

#### **Outaouais**

225, montée Paiement  
Gatineau (Québec) J8P 6M7  
819 243-6020  
Fax: 819 243-6018

#### **Québec**

700, boul. Lebourgneuf, ground floor  
Québec (Québec) G2J 1E2  
418 624-1173  
Fax: 418 623-9234

#### **Saguenay – Lac-Saint-Jean**

1299, rue des Champs-Élysées, suite 101  
Saguenay (Québec) G7H 6P3  
418 549-0627  
Fax: 418 698-4715

## 6. HOW TO AUTHORIZE THE COMMISSION DE LA CONSTRUCTION DU QUÉBEC (CCQ) TO TRANSMIT THIS INFORMATION TO AN INDIVIDUAL

- You must advise the CCQ of any change concerning the individual whom you authorize to receive information in your file. For example, if that person changes address or telephone number, you must inform the CCQ of this. You must also inform the CCQ if you wish to cancel this authorization before its period of validity expires or if you make changes regarding your dependents or your residential address.
- The CCQ does not take any responsibility in this regard.
- You must fill out a form for each person for whom you authorize to receive personal and confidential information.

### 1. What is personal and confidential information?

Personal and confidential information is information that directly involves your file, such as the date that a cheque is sent, an insurance or vacation reimbursement, or the number of hours worked.

### 2. Why can't the CCQ divulge this information without my authorization?

For your protection. This being said, the CCQ must meet the standards set out by the Act Respecting Protection of Personal Information. The CCQ therefore may not supply personal and confidential information to your spouse, common-law spouse, children, or any other person if that person does not have your written authorization. It is up to you to authorize the CCQ to transmit your personal and confidential information to the people you choose.

### 3. What may the authorized person do?

The person whom you have authorized may obtain personal and confidential information that concerns you. You choose the category of information that the CCQ may transmit to that person. That person may not act on your behalf – that is, he or she may not make changes to your file or sign a document for you.

### 4. How do I authorize the CCQ to transmit this information to someone besides me?

You grant this authorization by using a printed form (attached to this leaflet). You may also fill out the form through the CCQ's online services, at [www.ccq.org](http://www.ccq.org), if you are a subscriber. The form is found in the "Authorizations" tab. You may also obtain the form by downloading it from our Web site. You will find it on our site in the "Worker" profile, under the tab "Forms." You may also contact Customer Services and request a form.

### 5. How do I send in my form?

**Paper form:** You may send it by mail or fax to your regional office's Customer Services (the telephone and fax numbers of these offices are on the back of this page). If your form is properly filled out, it will be processed within five working days following its receipt.

**Online services:** Your application will be valid when it is registered.

### 6. For how long is the authorization valid?

Your authorization will be valid:

- For a maximum of **3 years** starting with the date indicated beside your signature  
or
- until the date that you have given on the authorization form  
or
- until you decide to revoke it  
or
- until you are the subject of a tutorship, curatorship, mandate of incapacity, or power of attorney

Thirty days before the validity period expires, the CCQ will mail you or by e-mail, a notice that the authorization will end soon. This notice will specify how to renew the authorization before it expires.

### 7. How do I revoke or modify my authorization?

At any time, you may use the online services to consult, modify, or revoke your authorization, if it is still active, even if you have filled out a printed authorization form.

If you do not use the online services, most of the modifications will have to be done by filling out the form again.

By telephone, you will be able only to consult or modify the contact information of the authorized person or revoke the authorization, and only during our office hours.

## 7. A GUIDE TO FILLING OUT THE FORM

What information will the person you authorize in section 2 of the form have access to? It's up to you to decide!

This page lists the information to which this person will have access for each of the categories that you check off in section 3.

<p><b>1. My medical and dental insurance claims</b></p> <ul style="list-style-type: none"> <li>• Processing of your insurance claims</li> <li>• The amounts of insurance coverage available</li> <li>• The amounts, issuance dates, and history of claim reimbursements</li> <li>• An evaluation or a treatment plan (dental and medical)</li> </ul>	<p><b>2. My eligibility for insurance plans and insurability notices</b></p> <ul style="list-style-type: none"> <li>• Your insurance periods and reference periods</li> <li>• Your insurability conditions</li> <li>• Your insurance coverage and protection</li> <li>• Explanations of choices of insurance options and premium reimbursements</li> <li>• Your hours and hour reserve</li> </ul>
<p><b>3. My MÉDIC Construction card</b></p> <ul style="list-style-type: none"> <li>• Your MÉDIC Construction card (information on it, date of delivery, cancellation, duplicates)</li> </ul>	<p><b>4. My dependents</b></p> <ul style="list-style-type: none"> <li>• Processing of your dependents file (types of documents, academic transcript)</li> </ul>
<p><b>5. My disability insurance benefits and hour credits</b> <b>Please note that no information of a medical nature may be divulged</b></p> <ul style="list-style-type: none"> <li>• Your eligibility conditions and the eligible amounts</li> <li>• Processing of disability insurance claims and compensation advances</li> <li>• Payment of the disability insurance benefit (cheque amount and date issued)</li> <li>• Hour credits in your insurance file</li> </ul>	<p><b>6. My pension plan and pension benefits</b></p> <ul style="list-style-type: none"> <li>• Your eligibility for the pension plan (number of hours, age, and years required)</li> <li>• Your application for pension benefits (processing, choices offered, due date)</li> <li>• Your pension statements (processing, types of eligible benefits, due date)</li> <li>• Your pension amount (processing, date of delivery and deposit, due date)</li> <li>• Your reimbursement of hours after retirement (processing, form, amount, date issued)</li> </ul>
<p><b>7. My registered hours</b></p> <ul style="list-style-type: none"> <li>• Your hours worked and as voluntary contributions</li> </ul>	<p><b>8. My salary complaints and civil claims</b></p> <ul style="list-style-type: none"> <li>• Follow-up on your salary complaints (due date, amount)</li> <li>• Details on your civil claims (due dates, amount)</li> </ul>
<p><b>9. My paid vacation cheques and statements</b></p> <ul style="list-style-type: none"> <li>• The periods related to your paid vacations (month, employer)</li> <li>• The issuing or reissuing of your cheque (due date, procedure, processing)</li> <li>• Details of the payment and amount of your vacation cheques (processing, type, date issued)</li> </ul>	<p><b>10. My tax slips</b></p> <ul style="list-style-type: none"> <li>• The periods for your tax slips</li> <li>• The issuing or reissuing of your tax slips (due date, procedure, processing)</li> <li>• Details and types of amounts recorded on them</li> </ul>
<p><b>11. My competency certificate and apprentice record book</b></p> <ul style="list-style-type: none"> <li>• Periods of validity and types of certificates</li> <li>• Details of the apprentice record book (year, types of hours, total hours, apprenticeship period)</li> </ul>	<p><b>12. My qualification examinations</b></p> <ul style="list-style-type: none"> <li>• Examination details and results</li> <li>• Your applications for admission and retaking (conditions, due date, procedure, result)</li> <li>• Your future and past registrations (due dates, procedure)</li> </ul>
<p><b>13. My upgrading activities and financial incentives</b></p> <ul style="list-style-type: none"> <li>• Your future or past registrations for activities (date, due date, procedure, processing)</li> <li>• Your conditions for refunds (due date, procedure, amount, processing)</li> <li>• Your refund cheques (date, amount, due date, procedure, processing)</li> </ul>	

## 8. HOW TO FILL OUT YOUR AUTHORIZATION AND REVOCATION FORM

You must fill out a form for each of the individuals whom you authorize.

### To authorize a person:

- You must fill out sections 1, 2, 3, and 4 of the form.

### To revoke (or cancel) an authorization:

- You must fill out sections 1 and 5.

### To revoke one person and authorize a new one:

- You must fill out sections 1, 2, 3, and 4 for the new person.
- You must fill out section 5 to revoke the person whom you wish to remove.

### If you want to change the information that you have sent to the CCQ

- You must fill out all sections: 1, 2, 3, and 4. Please note that the previous authorization will be revoked and replaced by the one you have filled in.