

DIRECTIVES

- Access requests must be submitted in writing, either directly through this form or in any other written format.
- Access requests must be addressed to the person in charge of the protection of personal information and sent by mail to the following address: 1555 Girouard Street West, Saint-Hyacinthe, Quebec, J2S 2Z6, or by email: conformite@humania.ca
- An acknowledgement of receipt will be sent within five (5) business days of the date the request for access is received by Humania Assurance.
- The request for access will be processed within thirty (30) business days of the date it is received by Humania Assurance.

PART 1 – PARTIES SUBJECT TO THE REQUEST FOR ACCESS

A) Information on the insured named in the request

Last Name:	First name:
Date of birth:	Address:
City:	Province:
Postal code:	Email:
Telephone:	Policy/Certificate number:

Types of information subject to the request for access:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Administrative file | <input type="checkbox"/> Claims file |
| <input type="checkbox"/> Insurance policy | <input type="checkbox"/> Other: |

How my information is to be sent:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hard copy | <input type="checkbox"/> Digital copy |
|------------------------------------|---------------------------------------|

B) Information on the company named in the request

Humania Assurance
 1555 Girouard Street West
 Saint-Hyacinthe, QC J2S 2Z6
 Name of the person in charge of the protection of personal information:
 Jean-Benoît Forgues, Assistant Vice-President, Legal Affairs & Compliance
 Telephone: 450-771-1334, ext. 263
 Email: jean-benoit.forgues@humania.ca

PART 2 – REQUEST FOR ACCESS**A) Request made by the insured named in the request**

I, _____ [name of insured], wish to receive my personal information in accordance with the instructions provided above (under the section entitled “Information on the insured named in the request”), for the period of _____ [DD/MM/YYYY] to _____ [DD/MM/YYYY].

B) Request made by the authorized agent of the insured named in the request

I, _____ [name of insured], authorize my agent _____ [name of authorized agent] to submit this request for access and to receive my personal information in accordance with the instructions above (under the section entitled “Information on the insured named in the request”), for the period of _____ [DD/MM/YYYY] to _____ [DD/MM/YYYY].

PPART 3 – DATE SIGNED

Date:

Signature of the insured:

Signature of the authorized agent, if applicable: