

RWTO/OERO Privacy Legislation Authorization Form

Member Name: _____

RWTO/OERO Branch: _____

Address (including Postal Code):

Phone Number: _____ (optional)

Email: _____ (optional)

Send Newsletters By E-mail: _____ (optional . Yes or No)

Retirement Date: _____ (optional . Month/Day/Year)

Birth Date: _____ (optional . Month/Day/Year)

This authorization is given with respect to the Retired Women Teachers of Ontario/Organisation des enseignantes retraitées de l'Ontario's membership administration and the RWTO/OERO endorsed insurance program.

I hereby authorize the Retired Women Teachers of Ontario/Organisation des enseignantes retraitées de l'Ontario (RWTO/OERO) (including the Executive Secretary-Treasurer, any member of the Provincial Executive, my RWTO/OERO Branch's Executive, and any third party administrator engaged by RWTO/OERO) to collect and exchange my personal information including my name, address, telephone number, email address, retirement & birth dates, RWTO/OERO Insurance Plan participation, Insurance coverage details, and other RWTO/OERO participation history only for the following purposes:

- sending me RWTO/OERO Provincial newsletters and other RWTO/OERO communications
- preparing RWTO/OERO membership cards and member lists or reports to be shared within RWTO/OERO
- facilitating the administration of the RWTO/OERO organization including providing access to records as required by the organization's Auditor(s)
- providing me with information on products and services afforded to me through my RWTO/OERO membership
- confirming my continued membership to RWTO/OERO's Insurers
- enabling RWTO to assess the effectiveness of member communications, and
- ensuring the accuracy of my information.

I agree that my information can also be shared as needed only for the above purposes with the underwriter(s) and insurers of the RWTO/OERO Insurance Plans and their agents, brokers, market intermediaries or third party administrators.

I understand that the use of my information to offer me products and services is optional and if I wish to discontinue such use, I may indicate my instructions here or write to RWTO/OERO at any time at:

RWTO/OERO Provincial Office
2736 Twelfth Conc.
Tecumseh, ON N8N 2M1

Phone: 1-877-607-6696
E-Mail: info@rwto.org

Signed by:

Signature of Member

Signature of Member's (Relative) if insured through RWTO

Dated

Dated

Please complete the top section of this form, and **sign and date** the bottom of this form. If your spouse or other relative is covered by RWTO/OERO Insurance, please also have him/her sign and date the form (see %Signature of Member's Spouse (Relative)+section). Then, please mail the form to:

RWTO/OERO Provincial Office
2736 Twelfth Conc.
Tecumseh, ON N8N 2M1