



**INFORMATION DISCLOSURE AUTHORIZATION**  
**RETRAITE QUÉBEC**  
Occupational Health and Safety

## **How to fill out the form**

During the processing of your claim, information about the jobs you have held may be required to determine eligibility and to charge the cost of benefits to employers for whom you have done work that could result in an occupational disease.

The CNESST requests your authorization to obtain this information from Retraite Québec.

You can give your authorization by signing this form. Your surname, first name, date of birth and social insurance number must appear on the form.

If you need help completing the form, please contact the CNESST at 1 844 838-0808.

## **Protection of personal information**

In accordance with section 65 of the *Act respecting Access to documents held by public bodies and the Protection of personal information*, the CNESST would like to inform you that the personal information collected on this form as well as any information added to your file subsequently will be treated confidentially and will be consulted only by the people designated in the declaration of personal information files, which you may consult at the Commission d'accès à l'information. Some information may, however, be shared or obtained without your consent in accordance with the exemption provisions in the *Act respecting industrial accidents and occupational diseases* or under agreements entered into between agencies in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*.

The information requested is required to process your claim. Anyone who refuses to provide this information may see their claim denied.

The CNESST would also like to inform you that sections 83, 85 and 89 to 93 of the *Act respecting Access to documents held by public bodies and the Protection of personal information* provide for rights of access and correction. To obtain your file, please contact the CNESST office in your region. If necessary, you may address a request to the person in charge of access to documents and the protection of personal information at the CNESST.



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Dear Sir/Madam,

I hereby authorize Retraite Québec to send the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) the following information, which appears in the record of contributors:

1. The list of employers (company name and Québec enterprise number) I worked for.
2. The years I worked for each of these employers.

This information concerns the employment injury claim I filed with the CNESST.

This information is required by the CNESST to analyze my claim or to charge the cost of benefits to employers for whom I have done work that may have resulted in my occupational disease.

Surname	First name
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Y Y Y Y) (M M) (D D)	Social insurance no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date