

**Carpenters' and Millwrights' Health and Welfare Trust Fund of Saskatchewan
 Carpenters' Pension Fund of Saskatchewan
 Millwrights Machine Erectors & Maintenance Local 1021 Group Retirement Savings Plan**

CONSENT TO RELEASE INFORMATION

I, _____, a Member of the:

- Carpenters' and Millwrights' Health and Welfare Trust Fund of Saskatchewan
- Carpenters' Pension Fund of Saskatchewan
- Millwrights Machine Erectors & Maintenance Local 1021 Group Retirement Savings Plan
- All

HERE BY AUTHORIZE, Ellement Consulting Group to release and/or disclose personal information related to my health & welfare or pension benefits to staff members of Prairie Arctic Regional Council (PARC)

Information to be released could be my complete health & welfare, pension/GRSP file by selecting which would apply or could be limited to the following and identifying below:

- Hour Bank Eligibility
- Work History
- Reciprocation of Hours
- Self-Payments
- Claims History
- Pension Application Status
- Pension Payment

(a) relating to my (specify information) _____;

(b) relating to the time period from _____ to _____ .

I CONFIRM that the staff members of PARC have made me aware of the reasons for which this Consent to Release Information is required, and the risks and benefits to me of providing or refusing to provide this Consent to Release Information.

This Consent to Release Information shall be effective from and shall continue to be in effect until revoked by me. I understand that this Consent to Release Information may be revoked by me at any time.

ANY PREVIOUS CONSENT, ORDER, AUTHORITY OR PERMISSION to give personal information to any other individual is hereby revoked and cancelled.

Dated at the City of _____, in the Province of _____, this Day of _____, 20_____.

Member Signature	Member Name (First/Middle/Last Name)	Date of Birth (Month/Day/Year)
Witness Signature	Witness Name (Please Print)	Date Signed (Month/Day/Year)