



Privacy Statement

I understand that the personal information provided, as well as any other personal information currently held or collected by Your Advantage Insurance Inc., may be collected, used or disclosed to administer the terms of the policy or the group policy of which I am or will be a member and to recommend suitable products or services to me and/or my firm.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a 3rd party. These 3rd parties include insurance carriers, government and regulatory authorities, and other 3rd parties when required to market, administer and manage the benefits outlined in the policy.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however in some instances doing so may prevent Your Advantage Insurance Inc. from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I understand that Your Advantage Insurance Inc. must obtain necessary personal employee data to research and implement various insurance benefits for my employees. I understand that as the authorized person for the firm, it is my responsibility to make all employees aware of the privacy statement and receive their consent to release that information to Your Advantage Insurance Inc. I understand that Your Advantage Insurance Inc is released from all privacy claims from any employee.

A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws.

Firm Authorized Person Signature