

Schedule B

AUTHORIZATION TO PROVIDE MEDICAL INFORMATION

I, _____ (or I, _____ parent/guardian of _____, a minor) hereby consent to and authorize the Ministry of Health to furnish to any representative of TIC Travel Insurance Coordinators Ltd. any and all records and information in the Ministry of Health's possession regarding claims for Medical Services incurred while I had insurance coverage from _____ to _____ including medical history and physical condition both prior and subsequent to receipt of Medical Services, regardless of lapsed time and bearing in any way on the Services received during the above time period.

DATED this _____ day of _____, 20 _____

Personal Health Number

Signature of Insured
(if minor, parent/guardian)

Address

Telephone