



CANADIAN OFFICE AND PROFESSIONAL EMPLOYEES UNION

109 – 2709 12th Avenue, Regina, Saskatchewan, S4T 1J3

Phone: 306-352-4240 • Fax: 306-347-2720

Toll Free: 1-877-COPE 397 (1-877-267-3397)

Email: cope397@sasktel.net

**VOLUNTARY CONSENT FORM
DISABILITY CLAIM**

I, _____ give consent to SGI Employee Health Management to provide COPE Local 397 with the following information.

Name: _____

Address: _____

Personal Email: _____

Phone Number(s): _____

The purpose of this consent is so that COPE 397 can contact you to provide assistance and early intervention in your disability application. Medical information will not be shared.

The contact information will be forwarded to the appropriate Union Representative of COPE Local 397.

No information will be disclosed to any other person(s) without my written authority to do so.

Dated: _____

Witness

Employee