



ACCESS TO PERSONAL INFORMATION REQUEST FORM

Type of Request

Access to own personal information	Access to other's personal information by authorized party (please attach appropriate consent/authorization)
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Requester's Information

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE NUMBER (DAYTIME)	EMAIL ADDRESS	BCAA MEMBERSHIP # (if applicable) 620 273 _____

Description of Records Requested *(Please be as specific as possible to assist the search process and include dates, claim numbers and previous names, addresses and memberships #s, if applicable.)*

DESCRIPTION OF RECORDS <i>(include full name on record, address, phone number, email and membership or policy # if different from above)</i>	TIME PERIOD OF THE RECORDS (if applicable)	
	FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)
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Signature

The undersigned hereby requests that BCAA provide the records containing the personal information specified above.

SIGNATURE OF APPLICANT DATE

Personal information under the control of BCAA is used as required or permitted by law and in accordance with applicable privacy legislation and our privacy policy available at <https://www.bcaa.com/legal/privacy-policy>. Personal information on this form is collected under the *Personal Information Protection Act* (the "Act") and will be used for the purpose of processing and responding to your request. Under the Act, BCAA has thirty (30) days after receiving an applicant's request to respond. If you have any questions, please contact Privacy at privacy@bcaa.com.

Please mail completed form, along with the appropriate authorization (if applicable) to:

Mail Address: BCAA - Chief Privacy Officer
4567 Canada Way
Burnaby, BC V5G 4T1

Email: privacy@bcaa.com

BCAA PRIVACY OFFICE USE ONLY		
REQUEST NUMBER: -	REQUEST DUE DATE: dd/mm/yyyy	AGENT'S NAME: