Employment Insurance Board of Appeal of Canada
Conseil d'appel en assurance-emploi du Canada

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION TO A REPRESENTATIVE

Your personal information on this form is collected under the authority of the *Department of Employment and Social Development Act* and the *Employment Insurance Board of Appeal Regulations* to process your appeal of an Employment Insurance reconsideration decision to the Board of Appeal Completion of this form is voluntary however refusal to provide the requested personal information may result in the form being considered incomplete or ineligible for processing. Your personal information is protected under the *Privacy Act* and accessible under the *Access to Information Act*. It will only be used and disclosed as described in the Personal Information Bank titled the “Employment Insurance Claim Files" (ESDC/PPU 151). Instructions for obtaining this information are outlined in the government publication entitled *Info Source* available at www.canada.ca/infosource-ESDC. You also have the right to request access to your personal information and to request corrections, should you believe the information you provided contains errors or omissions. To request a correction to your personal information, please contact the Employment and Social Development Canada Access to Information and Privacy Office at: NC-COMM-ATIP-AIPRP-GD@hrsdc-rhdcc.gc.ca. If you are not satisfied with our response to your privacy concern or the handling of your personal information, you may contact the Office of the Privacy Commissioner of Canada at www.priv.gc.ca/en/report-a-concern.

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION TO A REPRESENTATIVE

You do not need a representative to file an appeal. However, if you choose to have one, please complete this form. A party’s personal information cannot be released to their representative without the party’s written consent.

By providing written consent, the Board of Appeal will communicate with your authorized representative regarding the appeal. Only the information received by the Employment Insurance Board of Appeal in relation to the appeal can be disclosed. This can include:

- the reconsideration file containing all the information used by the Canada Employment Insurance Commission to make their decision under section 112 of the *Employment Insurance Act*
- the representations of the Commission explaining the reasoning for its decision
- any information or communication about the appeal
- the decision of the Board of Appeal

In addition, you authorize this person to communicate with and receive information from the Board of Appeal concerning any matter related to the appeal process. This allows this person to attend the hearing and speak on your behalf. You are responsible for any costs incurred.

This consent does not authorize the designated person to modify any information in the reconsideration file. This consent is valid for the duration of the appeal process before the Board of Appeal, unless revoked in writing.

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PERSONAL INFORMATION

First name:	Last name:
Telephone number (999) 999-9999:	Select your role in the appeal: ◯ Appellant ◯ Other party

Please provide one of the following reference numbers. If you don't have the information, the Board of Appeal Secretariat will contact you.

Board of Appeal file number (as found on correspondence from the Board of Appeal) BACA - _____	Record ID or Number (as found on the Notice of reconsideration decision letter) Record ID or Number: _____
Telephone number (daytime) (999) 999-9999:	Other telephone number (if any) (999) 999-9999:

ELECTRONIC COMMUNICATION

☐ By providing this email address, I authorize the Board of Appeal to communicate with me electronically.

Email address:

REPRESENTATIVE'S INFORMATION

Representative's first name:	Representative's last name:
Name of company, law firm, organization, or the person's relationship to you:	
Representative's mailing address:	

City:	Province:	Postal code (A1A 1A1):

Representative's telephone number (daytime) (999) 999-9999:	Representative's other telephone number (if any) (999) 999-9999 :

ELECTRONIC COMMUNICATION

☐ By providing my representative's email address, I have confirmed with my representative that they authorize the Board of Appeal to communicate with them electronically.

Representative's email address:

Employment Insurance Board of Appeal of Canada
Conseil d'appel en assurance-emploi du Canada

AUTHORIZATION AND SIGNATURE

☐ I authorize the Board of Appeal to share information about my appeal with my representative.

X _____
Signature

_____
Date (YYYY-MM-DD)

HOW TO SUBMIT

Online

This form can be completed and submitted via the Employment Insurance Board of Appeal website www.eiboa-caae.gc.ca

By Mail

Print, complete, sign and send this form to:

Employment Insurance Board of Appeal of Canada
140 Promenade du Portage
Gatineau, Québec K1A 0J9

Note: This form cannot be submitted in person at a Service Canada Centre.

CONTACT INFORMATION

Visit the Employment Insurance Board of Appeal website at www.eiboa-caae.gc.ca

Call toll-free number: 1-833-341-9399

The hours of operation are Monday to Friday from 8:30 am to 4:30 pm local time (excluding statutory holidays).