



**Retired Women Teachers of Ontario/
Organisation des enseignantes retraitées de l'Ontario**

PROVINCIAL PRIVACY FORM

Member Name _____

RWTO/OERO Branch _____

Member's Address (including Postal Code) _____

Phone _____ Mobile. _____

Email _____

Birth Date _____ (Month/Day/Year) (For Goodwill and statistical purposes only)

I hereby authorize RWTO/OERO

- Executive Secretary-Treasurer,
- current members of the Provincial Executive, and
- my RWTO/OERO Branch Executive,

to collect and exchange my personal information given herein **only for the following purposes:**

- ✓ Sending me RWTO/OERO Provincial newsletters and other RWTO/OERO communications
- ✓ Preparing RWTO/OERO membership cards, member lists and/or reports to be shared with RWTO/OERO
- ✓ Facilitating the administration of the RWTO/OERO organization including providing access to records as required by the organization's Auditor(s)
- ✓ Providing me with information on products and services afforded to me through my RWTO/OERO membership, including insurance through Manulife or through RWTO/OERO
- ✓ Confirming my continued membership in RWTO/OERO to Manulife if required
- ✓ Enabling RWTO/OERO to assess the effectiveness of member communications and ensuring the accuracy of my information.

CHECK ✓

_____ I agree that my information can also be shared **as needed only** for the above purposes with the underwriter(s) and insurers of the RWTO/OERO Insurance Plans and their agents, brokers, market intermediaries or third party administrators. This information ensures consistent coverage for insured members and their insured spouse or as one's personal information changes.

The insurance program, through Manulife, is optional. It provides excellent add-on benefits to other insurance plans to the member and to RWTO/OERO. Only Manulife knows if you are a subscriber.

Go to Insurance plans at <https://rwto.org/membership/insurance-plan/> for forms, brochure and application.

You can also access information from your Branch Insurance Convenor.

Signature of Member

Date

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY WITH YOUR SIGNATURE AND DATE

NOTE: *This form can also be found and completed on the RWTO/OERO website at: www.rwto.org
Typing your name will be accepted as a signature.*

OR

MAIL TO: Linda Huffman
Executive Secretary-Treasurer
RWTO/OERO Provincial Office
2736 Twelfth Concession, Tecumseh, ON
N8N 0H9

Phone: 1-877-607-6696

Email: info@rwto.org