



Social Housing Services Corporation Insurance Program Authorization for Access to On-Line Claims Service

Each provider participating in the SHSC Insurance Program can choose one person to view that provider's claims information on-line. To use this service, complete this form and return it to SHSC, 390 Bay St., Ste. 710, Toronto, ON M5H 2Y2.

Fax: 416-594-9422.

The selected person can register on our website www.shscorp.ca at any time. Once this authorization form has been processed, the person can access the on-line claims information through our website using his/her username and password.

Terms and Conditions for Access

1. Only one person per provider can be authorized to access claims information. This person must be authorized to do so by the chair of the board or his/her designate, by submitting this form.
2. Each provider must submit its own authorization form to SHSC, even if the person that the provider has selected has already been selected by another provider to perform the same role. For example, a third-party property manager who is selected by more than one provider to review claims information must be authorized separately to review the on-line claims information by having each provider submit a separate authorization form to SHSC.
3. Due to new privacy legislation requirements and potential legal liabilities, personal information of claimants cannot be disclosed. Dissemination, circulation, electronic messaging or emailing to any person other than the authorized contact person is strictly prohibited. Sharing of login passwords, ID codes, or other access to this system by other than the authorized contact person is not permitted.
4. SHSC accepts no legal liability or responsibility with regard to any claims information contained on this system. Access to claims information may be withdrawn at any time. By using this system, or submitting an Authorization for Access to On-Line Claims Service form, the provider agrees to all terms and conditions, including this disclaimer, and further agrees to indemnify and hold harmless SHSC from all manner of claims, costs and expenses (including legal expenses) that may arise out of the use or viewing of this information.

Statement by Person Selected to Have Access to Claims Information

I accept the terms and conditions for access to claims information for:

(Name of provider)

Signature: _____ Telephone number: _____
 Name: _____ Fax number: _____
 Title: _____ Email address: _____
 Date: _____

Statement by Provider Board Chair or Designate

I accept the terms and conditions for access to claims information and authorize the person listed above to access claims information for this provider. I understand that this access will not be time-restricted, and that I am responsible for notifying SHSC if I wish to terminate this person's access or change which person has access for this provider.

Signature: _____ Name of provider: _____
 Name: _____
 Title: _____ Address of provider: _____
 Date: _____