

Film Working Title: _____
Production Company: _____
Production Office Telephone: _____ Production Office email: _____
Permanent Address: _____
Permanent Telephone: _____ Permanent Fax: _____
Producer: _____
Production Manager: _____ Accountant: _____

Yukon Labourer

Full Name: _____
Current Address: _____
Telephone: _____ Date of Birth _____
Yukon resident since: _____ Position: _____

This form is to assist in confirming whether a labourer qualifies as a Yukon resident under the Yukon Film Location Incentive Rebate Program. Only those individuals who have maintained their enrollment in the Yukon Health Care Insurance Plan at least 90 days prior to the date on the application are eligible under the program.

By signing this form and providing my date of birth and current address, I agree (for the purpose of assessing my eligibility for the program),

- *to allow the Yukon Film and Sound Commission to provide this information to Insured Health Services ,*
- *to allow Insured Health Services to release to the Yukon Film and Sound Commission information relating to my enrollment in the Yukon Health Care Insurance Plan, and*
- *to allow the Yukon Film and Sound Commission to indirectly collect Insured Health Services information relating to my enrollment in the Yukon Health Care Insurance Plan.*

Yukon Labourer (MUST BE SIGNED)

Production Manager or Accountant

Date

Date

Yukon Health Care Approved: _____ Yes _____ No

This information is collected for the purpose of administering an economic development program pursuant to s. 8 and 9 of the *Economic Development Act*, as amended.