

**YUKON FILM LOCATION INCENTIVE PROGRAM
YUKON LABOUR**

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: _____

Date of Birth _____

This form is to assist in confirming whether a labourer qualifies as "Yukon Labour" 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 & Sound Commission to provide this information to Insured Health Services ,*
- *to allow Insured Health Services to release to the Yukon Film & Sound Commission information relating to my enrollment in the Yukon Health Care Insurance Plan, and*
- *to allow the Yukon Film & Sound Commission to indirectly collect Insured Health Services information relating to my enrollment in the Yukon Health Care Insurance Plan.*

I also agree

- *That I meet the definition of Yukon Labour under the Yukon Film & Sound Commission Film Incentive Programs definition as follows:*

Yukon Labour: Dedicated labour by a person who resides in the Yukon and has maintained a valid Yukon Health Care Insurance Plan registration for at least ninety (90) days.

- *That I reside in the Yukon in excess of 6 months per calendar year,*
- *That I am legally in possession of a valid Yukon Health Care Card.*

I understand that in the event my status as a Yukon resident is in question, the Yukon Film & Sound Commission may require a Statutory Declaration of Residency to be signed in the presence of a Notary Public.

Yukon Labourer (MUST BE SIGNED)

Production Manager or Accountant

Date

Date

*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.*