lame of Insured:	
Policy Number:	
Pate of Birth:	
arty Authorized to Receive Information:	
Purpose of Disclosure:	
nformation to be Disclosed:	
ilottilation to be Disclosed.	
Ouration of Authorization:	
additional Instructions or Limitations:	
ignature of Insured/Legal Representative:	
ignature of insured/Legal Representative.	
Pate:	
Relationship to Insured (if not the insured):	
ciationiship to insured (it not the insured).	