

# Long-Term Care Insurance Information Release Form

## Policyholder Information

Name

Date of Birth

Policy Number

## Contact Information

Address

Phone Number

Email

## Information to Be Released

☐ Policy Details

☐ Claims History

☐ Payment Records

☐ Other

## Recipient Authorization

Recipient Name/Entity

Recipient Contact Information

**Authorization and Signature**

By signing below, I authorize the release of my Long-Term Care Insurance information as specified above.

Signature

Date