

ATTENTION – IF YOU ARE NOT THE INSURED:

LIFE AND HEALTH INSURANCE COMPLAINTS REQUIRE A SIGNED AUTHORIZATION FROM THE INSURED FOR THE BUREAU OF INSURANCE TO PROVIDE ASSISTANCE AND RELEASE INFORMATION TO SOMEONE OTHER THAN THE INSURED. PLEASE USE THE BELOW AUTHORIZATION FORM THAT CAN BE PRINTED, SIGNED BY THE INSURED, PARENT OF LEGAL GUARDIAN AND SUBMITTED WITH THE COMPLAINT.

AUTHORIZATION FORM

Representative Authorization: If the Insured or (parent or legal guardian) authorizes the BOI to discuss this complaint/appeal and share information with the Representative, the Insured or (parent or legal guardian) must complete and sign the following:

I, _____ (Insured, parent or legal guardian), authorize the BOI to: (i) discuss this complaint/appeal with, and (ii) share medical information related to this complaint/appeal with _____ (Authorized Representative).

Note: This authorization is not necessary if the Representative is the parent or legal guardian of an insured under 18 years of age, or if the Insured is deceased or incapacitated.

Signature of Insured (if 18 or over) or parent or legal guardian (if Insured is under 18)

Signature

Date