

Consent for Third-Party Benefits Inquiry

I hereby authorize the release and inquiry of my benefits information to a third party as indicated below. I understand that this consent allows the named party to inquire about, obtain, and discuss details related to my benefits on my behalf.

Full Name:

Date of Birth:

Third Party Name/Organization:

Relationship to You:

Scope of Inquiry (please specify):

☐ I consent to the release and inquiry as described above.

Signature:

Date:

Submit