# Consent to Disclose Insurance Information

I hereby authorize my insurance provider to disclose information from my insurance records to the individual or organization listed below.

## Personal Information

Full Name:

Date of Birth:

Insurance Policy Number:

## Recipient Information

Name of Individual/Organization:

Relationship to Policyholder:

## Type of Information to Disclose

- [ ] Coverage Details
- [ ] Claims Information
- [ ] Premium Payment Information

## Consent & Signature

Signature:

Date:

Submit