

Authorization to Disclose Policyholder Insurance Data

I, [REDACTED], hereby authorize [REDACTED] (Insurance Company) to disclose my insurance data, including policy details and claims information, to the following entity/individual:

Recipient Name: [REDACTED]

Reason for Disclosure: [REDACTED]

Policy Number(s): [REDACTED]

This authorization is valid from [REDACTED] to [REDACTED] and may be revoked by me at any time in writing.

Signature: [REDACTED]

Date: [REDACTED]