

## Consent for Limited Insurance Data Disclosure

I hereby authorize the limited disclosure of my insurance data as described below. This consent permits the release of pertinent information strictly for the purposes identified.

Full Name:

Date of Birth:

Insurance Policy Number:

Party/Organization to Disclose To:

Purpose of Disclosure:

☐ I understand that this consent is voluntary and may be revoked at any time in writing.

Signature:

Date:

Submit