

Privacy Release Form

I, _____, give
INSURED PERSON
permission to _____
MY AGENT
with agency # _____ to have access to any
AGENCY NUMBER
and all relevant claims information, including medical
records, related to the adjudication of my claim
_____ with TIC Travel Insurance
CLAIM NUMBER
Coordinators Ltd. (TIC).


I understand that this information will be shared
between TIC and my agent named above solely for the
purpose of my agent assisting me in understanding the
claim adjudication and its results.

Signed this _____ day of _____, 20____.
DAY MONTH YEAR

SIGNATURE OF INSURED PERSON

NAME OF INSURED PERSON (PLEASE PRINT)

CUMIS Insurance
in partnership with The Co-operators

 **TIC** claims & travel assistance

TIC Travel Insurance Coordinators
Eastern Claims Toll free 1 800 869 6747
Eastern Claims Fax + 416 340 7152

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