

Privacy Release Form - Third Party

I, _____, give
INSURED PERSON
permission for _____
THIRD PARTY
to have access to any 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 the third party named above solely
for the purpose of this person 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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