CUMIS Life Insurance Company
P.O. 5065, 151 North Service Rd., Burlington, Ontario L7R 4C2
Tel: (905) 632-1221 / 1-800-263-9120 Fax: (905) 632-4886 / 1-800-897-7065
Service en français
Tél: 1-800-361-3936 Télécopieur: 1-800-897-7065

CLAIM NO. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize any physician, hospital, insurer, employer or any other organization or person having any records, data or information to furnish such records, data or information as may be requested by the CUMIS Life Insurance Company. I understand that the personal information furnished herein will be used by CUMIS to administer my claim, and for such other lawful purposes in accordance with applicable federal and provincial laws, as may apply.

A photocopy of this Authorization shall be considered as effective and valid as the original.

I hereby waive any privilege with respect to such information.

Dated this_____ day of _____ , _____

_____ _____
Witness Signature

NAME OF FAMILY DOCTOR (please print) _____

ADDRESS _____
No. Street City Prov. Postal Code

NAME OF SPECIALIST _____

ADDRESS _____
No. Street City Prov. Postal Code

NAME OF EMPLOYER _____

ADDRESS _____
City Prov. Postal Code

YOUR EMPLOYEE NUMBER _____

NAME(S) OF OTHER INSURER(S) PROVIDING BENEFITS _____

_____

ADDRESS _____

_____

POLICY/CLAIM NO.(S) _____