

Third party



I, _____, INSURED PERSON
give permission for _____, THIRD PARTY
to have access to any and all relevant claims information,
including medical records, related to the adjudication
of my claim # _____, POLICY NUMBER with AZGA Service Canada Inc.
o/a Allianz Global Assistance.

I understand that this information will be shared between Allianz Global Assistance 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)

Allianz Global Assistance

Toll free: 1-800-869-6747
Fax: 416-340-7152



Global Assistance