



PO Box 11948 Winston-Salem, NC 27116
Overnight Address: 4964 University Parkway Suite 203,
Winston-Salem, NC 27106
Fax 727.399.6965 Toll Free 833.658.2840

POLICYHOLDER AUTHORIZATION TO RELEASE INFORMATION

Policyholder name \_\_\_\_\_ Policy number \_\_\_\_\_
PLEASE PRINT

AUTHORIZATION: I authorize Bankers Life Insurance Company, hereinafter referred to as "Bankers Life," to release information about my insurance policy and any claim(s), as deemed necessary by Bankers Life, to the following individuals:

Table with 3 columns: Name (please print), Relationship, Telephone number. Three empty rows for data entry.

REVOCATION: I understand that I have the right to revoke this authorization. Such revocation must be sent in writing to Bankers Life c/o AMR at, P.O. Box 11948, Winston-Salem, NC 27116, and will become effective when received by Bankers Life c/o AMR. I understand that even if I revoke this authorization, Bankers Life will, and will be permitted to, disclose information as required or permitted by law and as permitted by other authorizations I have given Bankers Life, and in accordance with its notices of information practices.

DISCLOSURE AND REDISCLOSURE: Bankers Life cannot guarantee that the individuals I have authorized will not disclose or re-disclose my personal information. If disclosed under this authorization, protected health information is no longer protected by the Health Insurance Portability and Accountability Act (HIPAA) and state and federal laws.

PERIOD OF VALIDITY: This authorization shall be valid from the date signed for either six (6) months, or as long as my policy remains in force, whichever is later, unless revoked by me or my legal representative. A photocopy of this authorization shall be considered as valid as the original.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

If this authorization is signed by a personal or legal representative of the applicant/insured, complete the following:

Personal/legal representative's name \_\_\_\_\_

Relationship to applicant/insured \_\_\_\_\_

Basis for representation (POA, guardian, etc.) \_\_\_\_\_

PLEASE ATTACH COPY OF LEGAL DOCUMENT

IMPORTANT MAILING INFORMATION: Bankers Life Insurance Company (BLIC) is not responsible for undelivered mail. To protect your personal information, BLIC recommends certified mail or some other service such as FedEx or UPS. Do not send the form by unsecured email. You can transmit the form via facsimile; however, BLIC shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax and accept responsibility for any unintended disclosure or breach of facsimile transmission, the fax number is (727) 399-6965.