

FORM 8: Sample Insurance Company Authorization

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

This will serve as authorization for you or your agents to discuss with and/or furnish to LAW FIRM, ADDRESS, any information he desires in connection with the employment, insurability, or representation of the undersigned.

I hereby grant to LAW FIRM authorization to represent me with respect to any and all matters arising from my application for long and/or short term disability benefits. By this authorization I specifically include the power to appear on my behalf and to otherwise represent me in the submission and prosecution of any claim or demand for benefits, rights, damages, and causes of action before any plan administrator, trustee, claims processor, government agency or court.

I further specifically include authorization to request, review and receive any documents, records or other information which he requests of any person, including personnel records, payroll records, annual reports, plan documents, summary plan descriptions, accounting records, any documents filed with a government agency, health care records, medical records, and insurance records. I hereby agree to hold harmless any person providing any documents, records or other information to my said attorney. You are authorized to furnish said attorney any documents, records or other information for which he may ask, on my behalf.

A copy of this authorization is as valid as the

original. Signed: _____

Client

Date:

___/___/___

This form originally appeared in *An Attorney's Guide to ERISA Disability Claims*.