

Authorization to Release Information

Apply policy number sticker or write in policy number

Note to Advisor:

This form is a supplement to D-0082 (Insurance Application). Use this form if additional authorization forms are required. Complete a separate consent for each Life Insured or Owner and minor children.

Apply a policy number sticker from the outside back cover of the application to the top right corner or write in policy number.

Authorization to release information

I authorize any individual or public or private organizations (including any health care professional or practitioner and any public or private health or social services institution, any insurance company or financial institution, the Medical Information Bureau, investigation and credit reporting agencies, my Advisor and his/her agency, firm or market intermediary, my current or my former employers, and Provincial Motor Vehicle Departments (unless otherwise required by provincial authorities)) that have personal information (including medical and financial information) about me and any of my minor children to be insured to release this information to The Empire Life Insurance Company, its reinsurers, agents or representatives.

A photocopy or an image of the signed authorization to release this information will be as valid as the original.

This authorization will be valid until revoked in writing.

Signatures of Life Insured or Owner or Parent/Guardian of child to be insured under the policy (if not Life Insured or Owner)			
First name (Please print)	Middle name	Last name	Last name(s) used in medical/legal records, if different
Signature - Life Insured or Owner or Parent/Guardian X			Date (dd/mmm/yy)
Signature of witness X		Signed at (City and province)	
Name of child under 18 to be insured under policy. (Please print)			
First name	Middle name	Last name	



™ Empire Life and Empire Financial Group are trademarks of
The Empire Life Insurance Company.
Policies are issued by The Empire Life Insurance Company.