AUTHORIZATION FOR ATTENDING PHYSICIAN STATEMENT AND RELEASE OF INFORMATION

Apply policy number sticker or write in policy number

Note to Advisor:

Use this form if additional authorization forms are required.
Complete a separate authorization for each Life Insured or minor child.

Reset Form

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.

Signature of Life Insured or Parent/Legal Guardian of child to be insured under the policy		
First name of Parent/Legal Guardian	Middle name	Last name
Last name(s) used in medical/legal records, if different		
Signature of Life Insured or Parent/Legal Guardian X		Date (dd/mmm/yy)
Signature of Witness X		Date (dd/mmm/yy)
Name of Witness (please print)		Signed at (city and province)
Name of the minor child to be insured under the policy (please print)		
First name	Middle name	Last name

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