

**AUTHORIZATION FOR DISCLOSURE  
OF INSURANCE POLICY INFORMATION**

1. **PARTIES:**

“FUNERAL HOME”:          

(Name of Funeral Home)

“REPRESENTATIVE”:          

(Name of Representative)

“DECEDENT”:          

(Name of Decedent)

“INSURANCE COMPANY”:          

(Name of Insurance Company)

“POLICY”:          

(Policy Number of Insurance Policy on Decedent’s Life)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the INSURANCE COMPANY that the REPRESENTATIVE is: (Check all of the appropriate boxes):

- Spouse of DECEDENT
- Next-of-Kin (Closest Living Relative) of DECEDENT
- Executor, Administrator or Personal Representative of the Estate of the DECEDENT
- Beneficiary of the POLICY

Owner of the POLICY

Other:\_\_\_\_\_

3. **AUTHORIZATION.** The REPRESENTATIVE is planning to use all or a portion of the proceeds of the POLICY to pay the FUNERAL HOME to provide funeral services for the DECEDENT. To ascertain the amount of funds available from the POLICY, the REPRESENTATIVE authorizes the INSURANCE COMPANY to release to the FUNERAL HOME any and all information relating to the POLICY, including, but not limited to, the dollar amount of the proceeds available under the POLICY, whether the POLICY is paid up, whether there are any loans pending against the POLICY, and the names of the owner, primary beneficiary and any alternative beneficiary under the POLICY.

4. **REVOCAION.** The REPRESENTATIVE understands that the signing of this Authorization is voluntary and this Authorization may be revoked at any time, except to the extent that action has been taken in reliance on this Authorization by the INSURANCE COMPANY. The REPRESENTATIVE understands that in order to revoke this Authorization, a written notice must be sent to the INSURANCE COMPANY. This Authorization shall expire twelve (12) months after the date it is signed below.

5. **ADVISORY:** The REPRESENTATIVE acknowledges that the FUNERAL HOME to which this information may be released may not be covered by federal privacy laws and regulations and, if this information is disclosed, it may no longer be protected by those laws and rules.

**DATE:**

**SIGNATURE OF REPRESENTATIVE**

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**ADDITIONAL REPRESENTATIVES**

**Name**

**Relationship to Decedent**

**Signature**

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