

# Generali Worldwide

## Group Health Insurance – Authorization for Release of Information



Please complete all sections in **BLOCK CAPITALS** or tick the boxes, where appropriate.

Employer:	<input type="text"/>
Employee:	<input type="text"/>
Dependent(s):	<input type="text"/>
For claim review purposes, I hereby authorize (doctor, health care provider, medical facility)	
<input type="text"/>	
<p>to release to Generali Worldwide and its representatives any medical, dental, pharmacy and hospital records (including psychiatric, alcohol and drug abuse information) held in connection with all health care treatments received from this facility or health care provider. I understand that except as otherwise expressly permitted or required by law, no other use or transfer of the information may be made without first obtaining my additional written consent on a form stating the need for the proposed new use or the transfer to another person or entity.</p>	
<p>I also understand that I may revoke this authorization at any time, except to the extent that action has been taken or information released prior to the revocation. Otherwise, this authorization shall remain valid until rescinded.</p>	
Employee Signature:	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM/DD/YY)
Spouse Signature:	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM/DD/YY)
<b>PLEASE RETAIN A COPY FOR YOUR RECORDS</b>	
This completed and signed form may be returned to: Generali Worldwide, PO Box 10281, Grand Cayman, KY1-1003 Cayman Islands. Fax +1 345 943 7288 Email <a href="mailto:caymanservicing@generali-healthcare.com">caymanservicing@generali-healthcare.com</a>	

Office: Generali Worldwide, Suite 14, Grand Pavilion Commercial Centre, 802 West Bay Road, Grand Cayman, KY1-1003

Mailing address: Generali Worldwide, PO Box 10281, Grand Cayman, KY1-1003 Cayman Islands.

Regulated in the Cayman Islands as a licensed insurer by the Cayman Islands Monetary Authority.

Incorporated in Guernsey under Company Registration No. 27151.

Tel. +1 345 940 2000 Fax +1 345 943 7288 Email [caymanservicing@generali-healthcare.com](mailto:caymanservicing@generali-healthcare.com)

[generali-healthcare.com](http://generali-healthcare.com)

**Generali Worldwide is a trading name of Utmost Worldwide Limited**

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Regulated in Guernsey as a licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

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