



**POLICYHOLDER AUTHORIZATION TO RELEASE INFORMATION**

Policyholder name \_\_\_\_\_ Policy number \_\_\_\_\_  
PLEASE PRINT

**AUTHORIZATION:** I authorize Colorado Bankers Life Insurance Company, hereinafter referred to as “Colorado Bankers Life,” to release information about my insurance policy and any claim(s), as deemed necessary by Colorado Bankers Life, to the following individuals:

Name (please print)	Relationship	Telephone number

**REVOCATION:** I understand that I have the right to revoke this authorization. Such revocation must be sent in writing to Colorado Bankers Life c/o AMR at, P.O. Box 11609, Winston-Salem, NC 27116, and will become effective when received by Colorado Bankers Life c/o AMR. I understand that even if I revoke this authorization, Colorado Bankers Life will, and will be permitted to disclose information as required or permitted by law and as permitted by other authorizations I have given Colorado Bankers Life, and in accordance with its notices of information practices.

**DISCLOSURE AND REDISCLOSURE:** Colorado Bankers Life cannot guarantee that the individuals I have authorized will not disclose or re-disclose my personal information. If disclosed under this authorization, protected health information is no longer protected by the Health Insurance Portability and Accountability Act (HIPAA) and state and federal laws.

**PERIOD OF VALIDITY:** This authorization shall be valid from the date signed for either six (6) months, or as long as my policy remains in force, whichever is later, unless revoked by me or my legal representative. A photocopy of this authorization shall be considered as valid as the original.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

If this authorization is signed by a personal or legal representative of the applicant/insured, complete the following:

Personal/legal representative’s name \_\_\_\_\_

Relationship to applicant/insured \_\_\_\_\_

Basis for representation (POA, guardian, etc.) \_\_\_\_\_

PLEASE ATTACH COPY OF LEGAL DOCUMENT

**COMPLETED FORM:** Please mail the completed form to Colorado Bankers Life c/o AMR at, P.O. Box 11609, Winston-Salem, NC 27116. The form can also be faxed to (303) 220-8056 or emailed to [cbl@actmanre.com](mailto:cbl@actmanre.com).