

Third Party Privacy Release Form

Attention to MSH INTERNATIONAL:

I, _____,
FULL NAME OF INSURED PERSON (PLEASE PRINT)

give permission for:

NAME OF THIRD PARTY

to have access to any and all confidential claims information, including medical records, related to the adjudication of claims with MSH INTERNATIONAL (Canada) LTD. under

policy number: _____
certificate number: _____ (if known)
claim/case file number: _____ (if known)

The purpose for confidential claim information to be shared between MSH INTERNATIONAL and the third party named above is to assist me in the administration of my claim(s).

Signed this _____ day of _____, 20_____.
(Month) (Year)

SIGNATURE OF INSURED PERSON