Policyholder Consent for Employment Records Disclosure

I, the undersigned policyholder, hereby authorize and grant my consent to my employer and/or any third party holding my employment records to disclose relevant employment information to

_____

(Name of Insurance Company), or its authorized representatives for the purpose of insurance processing, claim evaluation, and policy services.

Details of Information to be Disclosed

- Dates of employment
- Position(s) held
- Salary information
- Employment status
- Any other employment records relevant to the insurance policy

Consent and Acknowledgement

I understand that this consent is voluntary and is valid only for the purposes stated above. I understand that I may revoke this consent in writing at any time, except to the extent that action has already been taken based on this authorization. This authorization will expire twelve (12) months from the date signed below, unless otherwise revoked by me in writing.

Policyholder Information

Full Name:

_____

Policy Number:

_____

Employer Name:

_____

_____

Policyholder Signature

_____

Date