

LTCBP Authorization for Disclosure of Information

If you would like to authorize us to speak to a designated person about your benefits, please complete the following and mail it back to us in the enclosed postage-paid envelope.

Until we have received this authorization form or a copy of your durable financial power of attorney or guardianship papers (as determined by your state of residence), we will not be able to discuss your benefits with anyone other than you (including your spouse). Note: The type of power of attorney will determine the authorization your designated person has on your behalf. For example, we cannot share specific policy information or act on instructions from your designated person with regard to your benefits if your representative only has a health care power of attorney or a health care proxy.

Member's name												
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I understand that this authorized 1) one year from the date the account (if I am insured or becamy time by notifying Lifeline A Revoking this authorization was Alliance received the revocation enrollment, or eligibility for be	nis form is signed or ome insured), at whi Alliance in writing at ill have no effect on on. I further underst	2) one ye ich time it :: Lifeline / any inforrand that I	ear from the will expire Alliance 4. mation rela Lifeline All	e date e. I un 56 A (eased iance	e I no I dersta Centra in reli	onge and th I Ave ance	r hav nat l r , Sui t on th	e ber nay r t e 15 nis au	nefits evoke 7 Cec thoriz	under this a larhur zation	the applica authorizationst, NY. 115 before Life	able on at 5 16 .
I understand that the individu individual(s), I understand tha Accountability Act (HIPAA) re	t the information ma	ay no long	er be prot	octer								to the
Signature (member or legal re	oresentative)											
Date Signed /	_/											
(Required : mm												
If signed by a personal represe	entative of the mem	ber, please	e describe	the a	uthori	ty un	der v	vhich	the p	erson	al represen	tative

is authorized to act and enclose any related documentation (e.g., copy of your durable financial power of attorney):