

CONSENT TO DISCLOSE PERSONAL INFORMATION

SOVEREIGN

This form is to be used when you want Sovereign to give details about you to a third party e.g. spouse, partner, broker etc

Policy number	To be completed by Case Manager
Your name	To be completed by Case Manager
Your address	To be completed by Case Manager
Name of person that information is to be released to	
Their address	
Name of person that information is to be released to	
Their address	
Name of person that information is to be released to	
Their address	

Authorisation

I authorise Sovereign to release any of my personal information, and to discuss any details of my claim, including medical or financial details, with the above-named person(s).

Signed by:	To be completed by Case Manager	
Your Signature:		Date / / 20

