

Third party



I, _____,
INSURED PERSON

give permission for _____
THIRD PARTY

to have access to any and all relevant claims information,
including medical records, related to the adjudication
of my claim # _____ with AZGA Service Canada Inc.
POLICY NUMBER
o/a Allianz Global Assistance.

I understand that this information will be shared between Allianz
Global Assistance and the third party named above solely for the
purpose of this person assisting me in understanding the claim
adjudication and its results.

Signed this _____ day of _____, 20_____.
DAY MONTH YEAR

SIGNATURE OF INSURED PERSON

NAME OF INSURED PERSON (PLEASE PRINT)

Allianz Global Assistance

Toll free: 1-800-869-6747
Fax: 416-340-7152



Global Assistance