



## **INSTRUCTIONS FOR COMPLETION OF THE UNICARE CONDITIONED AUTHORIZATION FORM**

UNICARE Individual Underwriting will require this form before an Attending Physician Statement (APS) is requested from a provider. If a *Conditioned Authorization* form is not included with the application, Underwriting will prepare the form and contact you to obtain the required signature(s). To avoid underwriting delays, it is recommended that the *Conditioned Authorization* form(s), one for each applicant, be fully completed per the following instructions and submitted to UNICARE with the application.

### **Section A: Individual Authorizing Use and/or Disclosure**

Please complete all items of information in this section to include your Full Name and Identification Number, your current address and a telephone number where you may be contacted.

### **Section B: The Use and/or Disclosure Being Authorized**

**Contact Office:** Please enter the UNICARE address and customer service telephone number listed in your enrollment guide/application for insurance. (OR, the address and customer service phone number of the UNICARE office to which your application for insurance was submitted).

### **Individual's Signature**

Please print your name in the underlined space following the word "I" in the first sentence of this section AND in the box labeled "*Print Name*". Then SIGN and DATE the form in the boxes provided.

If your legal representative or guardian signs the form on your behalf, your legal representative or guardian must PRINT his/her name, SIGN and DATE the form and indicate his/her relationship to you in the spaces provided at the bottom of this section. **Please note:** Your agent should **NOT** sign as your Personal Representative.

**Please keep a copy of this authorization form for your records.**