

# For Life & Health Insurance Complaints

*If the complainant is someone other than the insured person who is the subject of this matter, the Bureau of Insurance (BOI) may require either the insured person, the parent of an insured minor person, or the legal guardian of the insured, to submit this signed Declaration/Authorization/Release prior to the BOI being able to proceed with this complaint.*

## **Declaration/Authorization/Release**

I hereby declare that all of the information submitted in this complaint, or request for assistance, and attachments hereto is true and accurate to the best of my knowledge. I authorize release of any file information, including medical records, if applicable, to the party complained against, other regulated entities, or an appropriate state or federal agency.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Insured Person) (Insured Person)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or Legal Guardian) (Parent or Legal Guardian)

Date: \_\_\_\_\_