

# Access Authorization



***Persons authorized to request information about your records***

***If you have questions, contact Policy Services at 1-800-336-4538.***

Customer Number (if known)

## 1. PERSON GRANTING ACCESS

Name (Last, First MI)

Social Security Number

## 2. PERSON(S) RECEIVING ACCESS

List person(s) to whom Armed Forces Mutual may provide information

Name (Last, First MI)	Social Security Number	Relationship

## 3. AUTHORIZATION FOR PERSONAL INFORMATION

I hereby authorize Armed Forces Mutual to provide **my personal** information and send copies or original documents to the person (s) listed above upon their request. I understand that this authorization includes medical and financial records, but does not include the authority to request changes.

Signature

Date Signed (mm/dd/yyyy)

## 4. AUTHORIZATION FOR OWNED POLICY INFORMATION

I hereby authorize Armed Forces Mutual to provide information and copies of records regarding the certificates of insurance **I own** to the person(s) listed above upon their request. I understand that this authorization does not include my personal, medical or financial information or the authority to request changes.

Signature

Date Signed (mm/dd/yyyy)

***When completed, email to: PolicyServices@aafmaa.com or fax to: 1-888-210-4882.***