



ACE INA Insurance
ACE INA Life Insurance
 Please return to: J&D Benefits Inc.
 #228-8901 Woodbine Avenue, Markham, ON L3R 9Y4
 Telephone: 905-477-7088 1-800-218-7018

**AUTHORIZATION TO
 OBTAIN INFORMATION
 (CLAIMANT)**

Name of Insured _____

I authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organization, institution or person, possessing records or knowledge concerning myself to give to ACE INA Insurance or ACE INA Life Insurance all such information. I consider such information to be essential to ACE INA Insurance or ACE INA Life Insurance in complying with its obligations as a provider of benefits.

I am granting this authorization and direction in my capacity as a claimant and concerning my interests or rights in such capacity. Unless, at any earlier time, I withdraw this authorization (notice of which will be provided by ACE INA Insurance or ACE INA Life Insurance, as applicable; until such notice is received, the authorization shall be deemed to remain in effect), this authorization will remain in effect for so long as ACE INA Insurance or ACE INA Life Insurance requires and, in any event, for not less than twelve (12) months and for not greater than twenty-four (24) months from the effective date of this authorization, as indicated below. A reproduction of this consent shall be as valid as the original.

Name _____ Signature _____
 (Please Print)

Dated at _____ of _____
 City/Town Region/Municipality

In The Province of _____ On this _____ Day

of _____
 Month and Year

Signature of Parent/Guardian if Child is a minor _____