

Insurance Third Party Authorization Form

This **insurance third party authorization form sample template** allows policyholders to grant permission to a designated individual or organization to access and manage their insurance information. It ensures clear communication between the insured, insurer, and authorized third party. Using this template helps streamline authorization processes while maintaining data privacy and compliance.

1. Policyholder Information

Full Name

Address

Phone Number

Email

Policy Number

2. Authorized Third Party Information

Full Name / Organization

Relationship to Policyholder

Phone Number

Email

3. Authorization Details

Please select the types of access granted:

☐

View policy information

☐

Manage/submit claims

☐

Update policy details

☐

Other (please specify below)

Describe other authorized actions

Authorization Valid From

Authorization Valid To

4. Policyholder Consent and Signature

I, the undersigned policyholder, hereby authorize the above named third party/organization to access and manage my insurance information as indicated in this form. I understand this authorization remains in effect until the date specified or revoked in writing.

Policyholder Signature

Date

Submit Authorization