

PRIVACY ACT RELEASE FORM

I, _____, give permission for Jeff Simpson of
Simpson Group Insurance Services Inc. to have the access to any and all relevant claims
information, including medical records, related to the adjudication of my claim with
_____. I understand that this information will be
shared between _____ and Jeff Simpson solely for
the purpose of assisting me in understanding the claim adjudication and its results.

Signed this _____ day of _____, 20_____

signature of Insured

Name of insured (Please Print)

simpson group
Insurance Services Inc.



Simpson Group Insurance Services Inc.
Phone : (403)281-4403
Toll Free: 1-800-263-0752