

**S.USA Life Insurance Company, Inc.**  
P.O. Box 2549  
Waco, Texas 76702

1-800-746-1670  
Visit us at [www.susa-waco.com](http://www.susa-waco.com)  
E-mail: [claims@susa-waco.com](mailto:claims@susa-waco.com)

*Policy administration services provided by American Amicable Life Insurance Company of Texas.*

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

Re: Name of Insured:  
Date of Death:  
Social Security No:  
Date of Birth:  
Policy/Certificate No:

TO WHOM IT MAY CONCERN:

AUTHORIZATION: I authorize any licensed physician, medical professional, hospital, laboratory, clinic and any pharmacy, pharmacy benefit manager, the Medical Information Bureau, or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of the insured named above, including but not limited to drug or alcohol use, mental health, or confidential HIV related information, to give to S.USA Life Insurance Company, Inc., P.O. Box 2549, Waco, TX 76702 through its representatives, any records or information for the use of S.USA and any regulatory authority which may, within the exercise of its jurisdiction, require their production. This is an authorization from me regarding a claim for insurance benefits, and your cooperation will be appreciated. A photographic copy of this authorization shall be accepted as valid and it is in effect for two years from the date indicated below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Beneficiary or next of kin

\_\_\_\_\_  
Relationship to Insured

Please execute the following notarization:

State of \_\_\_\_\_

County of \_\_\_\_\_ ss:

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known and known to me to be the individual described herein and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
(Notary Public)

(NOTARY SEAL)

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