



OPTIONAL THIRD PARTY AUTHORIZATION
Voluntary Benefits
Provident Life and Accident Insurance Company (Unum)
Policy Services
1 Fountain Square Chattanooga, TN 37402
FAX: 423-642-5055

For toll-free assistance call: 1-800-635-5597

POLICY OWNER NAME	POLICY NUMBER(S) (Please provide all policy numbers)

AUTHORIZED INDIVIDUAL(S) NAME	Relationship to the Policy Owner	PHONE NUMBER

I authorize Unum Group, its subsidiaries and affiliates* and duly authorized representatives ("Unum") to disclose the following insurance plan, policy billing and beneficiary information to the person(s) or organization(s) listed above, for the purpose of assisting me with my insurance coverage:

- Information regarding my coverage, including policy provisions and riders;
- Information regarding premium calculation, invoicing and payments; and
- Name(s) of designated beneficiaries (if applicable).

This authorization does not alter any prior designation made under any law protecting against unintentional lapse of coverage.

This authorization does not allow the authorized individual(s) or organization(s) to make any changes to my coverage, policy, riders, beneficiary designations, or assignments under my policy.

This Authorization does not allow Unum to share claim or health information including, but not limited to, my medical condition, diagnosis, treatment, or pre-existing condition information; the names of my physicians and other medical providers; or benefit amounts paid to me or on my behalf.

Unum will rely on this authorization for the lesser of one year, or until I revoke it in writing.

Unum may provide information in writing, electronically, or by telephone (including voice mail messages).

CERTIFICATION

- **I understand that once information is disclosed to the named authorized Individuals or Organizations, it may no longer be protected by federal privacy regulations.**
- I am not required to sign this authorization and Unum may not condition payment of claims on whether I sign this authorization.
- I am entitled to receive a copy of this authorization.
- I may revoke this authorization in writing at any time, except to the extent that Unum has relied on the authorization prior to notice of revocation.

Signature:

 Policy Owner Signature

 Date Signed *valid for one year

 Print Name

*This authorization is valid for the following Unum insurance subsidiaries: Unum Life Insurance Company of America, First Unum Life Insurance Company and Provident Life and Accident Insurance Company.