

Form of Authority



Laya Life Policy Number:

In order to consider this insurance claim, we might need to request information from the deceased's doctor(s) or medical specialist(s).

To enable us to do this, please complete the below form and give us details of the deceased's usual doctor and any other medical practitioner they consulted.

I/We, (Please print name) _____, the legal personal representatives of _____ authorise and consent to Laya Life seeking details of the medical history, including personal and health information, of _____ from any medical professional or hospital that has attended to the deceased and I/We authorise and consent to the giving of such information to Laya Life, to use in its assessment of this insurance claim.

A copy of this consent shall be regarded as valid as the original signed authority and consent.

Legal Personal Representative(s):

Signature: _____

Date: Day Month Year

Name of usual Doctor: _____

Address: _____

Telephone: _____

Name of other Doctor/Specialist: _____

Address: _____

Telephone: _____

Name of other Doctor/Specialist: _____

Address: _____

Telephone: _____