

Authorization to Release Information

Please read these instructions carefully before completing this form.

When to Use This Form

- You must complete this form if you want Securian Life Insurance Company to give information about you to someone else (for example, your spouse or a friend.)
- Please remember that your treating dental provider already has access to your information.
- Parents or a legal guardian may sign for a minor.

How to Complete This Form

This Authorization for Release of Information form must be completed and signed by:

- The person whose information will be released; or
- The parent or guardian of a minor whose information will be released; or
- The personal representative of the person whose information will be released (e.g. power of attorney, conservator, legal guardian, executor)

TO COMPLETE THIS FORM:

- Fill in the name, ID number, and date of birth of the person whose information will be released.
- Check the type(s) of information you want us to release.
- Fill in the name and address of the person or organization who will receive the information.
- Sign and date the form.
- If you are not the person whose information will be released, state your relationship to that person.

MAIL OR FAX THIS FORM TO:

Attn: Privacy Officer
Securian Life Insurance Company
P.O. Box 9385
Minneapolis, MN 55440-9385

Fax: 651-768-1309

