

CLAIMANT'S AUTHORIZATION (Death Claim)

TO WHOM IT MAY CONCERN:

This authorizes PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION (the "Corporation") or its authorized representative to secure whatever information or records from any Physician, Clinic or Hospital, or any governmental or private body or agency, regarding the illness or injury for which the deceased, _____ has been treated or examined, or has been the subject of an investigation. This authorization is being made in connection with any claim on the Insurance Certificate/Policy issued by said insurance company on the life of the deceased.

This further authorizes PLGIC to process, whether manually or via electronic channels, any personal data secured/collected in relation to this authorization (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, (c) for marketing purposes, (d) for client/customer profiling, and (d) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulations. This also authorizes PLGIC to disclose the personal data to third parties for the foregoing purposes.

This authorization discharges the Physician, Clinic or Hospital, or any governmental or private body or agency, or an authorized member of their staff from any responsibility or obligation in connection with the release of such record or information to PLGIC or its authorized representative. A facsimile or reproduction of this Authorization shall be as valid and binding as the original.

FRAUD WARNING

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

PRIVACY NOTICE

The personal data collected and processed shall be retained by the PLGIC for at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. Any personal data which may be inaccurate or incorrect shall be corrected, amended, deleted and/or disposed by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties. The authorizations hereby given may be revoked or withdrawn through formal written notice to the PLGIC.

Signed at _____ this _____ day of _____, 20_____.

Signature Over Printed Name Of Witness

Signature Over Printed Name Of Claimant

Address

Address

IMPORTANT: The submission of this Form does not necessarily mean that our Company is accepting liability under the policy. We reserve the right to evaluate all the documents presented and to secure additional proofs when needed.

A department of:

