**保险授权和福利给付转让**

本人，\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )，

 *客户姓名 DMH 客户 ID#*

特此授权[AGENCY NAME]提供所附保险索赔表上要求的信息。

**签名** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **日期** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

本人特此指定并授权直接向[AGENCY NAME]支付所有福利给付。

**签名** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**向保险公司发出的通知：**

*请将所有支票的收款人填写为*[**AGENCY NAME]***，并邮寄至：*

[Agency Name]

[Street Address 1]

[Street Address 2]

[City], CA [ZIP code]

**联邦税号：[Agency Tax ID]**

如需咨询，请联系[Agency Billing Office]

* 电子邮件：[Billing Office/Contact e-mail]
* 电话：[Billing Office phone number]