



Consent Form

FHIAP can only discuss your case with you or someone you name. The person you name can give or get information about your case, and can receive copies of the letters FHIAP sends you if you tell us to. You can have more than one person named to help you with your case. Fill out a separate form for each person.

I, (name of applicant) _____

allow (name of person) _____

to discuss my case with FHIAP staff and this person **may** or **may not** receive copies of any letters sent by FHIAP.

Relationship to Applicant:

Health insurance agent (producer) Other _____
(relationship)

Their address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email (if one is available): _____

Applicant Signature: _____ Date: _____

Reservation number: _____

Please mail or FAX this signed form to FHIAP. (Keep a copy for yourself.)

FAX: 1-866-843-8936

FHIAP

PO Box 5880

Salem, OR 97304-0880