

- AHL does not guarantee that Recipient will not disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.
- I may revoke this Authorization at any time by sending written notice to the address below.
- This Authorization will remain in effect until the Term of the Authorization expires or I provide a written notice of revocation to AHL at the address listed above. The revocation will be effective upon AHL's receipt of my written notice.
- I may request a copy of this authorization form after I sign it.

Signature of Individual _____ Date _____

Guardian or Legal Representative: Please complete the following and attach a copy of your legal authorization to represent the above individual.

Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

Signature of Guardian or Legal Representative _____ Date _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN IT TO:

**American Heritage Life Insurance Company
 1776 American Heritage Life Drive
 Jacksonville, FL 32224
 Fax: 1-866-424-8482**