

Important: Fill out in block letters and answer each section as accurately as possible.

Section A - Authorization

I hereby authorize UV Insurance to release to the following physician the exact reasons for the decision regarding my insurance application N° _____.

Section B - Physician Informations

1. First Name _____ Last Name _____
 2. Medical clinic _____
 3. Primary Address _____ City _____
 Province _____ Country _____ Postal Code [| | | | | |]

Section C - Signatures

Signed in _____ [Y | Y | Y | Y | M | M | D | D]

X _____ Signature of the insured Full name of the insured _____

X _____ Signature of father, mother, or guardian (if proposed insured is a minor) Full name of father, mother, or guardian (if proposed insured is a minor) _____