ADA Members Insurance Plans

www.insurance.ada.org

GREAT-WEST FINANCIAL

P.O. Box 340
Denver, CO 80201
Phone 800-568-2001
Fax 303-737-4843
ada@greatwest.com

Authorization to Release ADA Insurance Account Information to an Authorized Person

Great West Financial:

This letter is to acknowledge that you are hereby authorized to release all my account/plan information to the below person requested by HIM/HER relating to my ADA Insurance Plans.

ADA Member Name:_____

ADA Number:_____

Name of Person Authorized to my account information: _____

Relationship of that person to Owner: _____

Date of Birth of Authorized Person:_____

Expiration of Authorization: 12 months or Until Further Notice (circle one)

Sincerely,

(Signature of Policy Owner) ***(Date Signed)***

Please fax this form to 303-737-4843 or scan and email to ada@greatwest.com