

**G R E A T - W E S T**<sup>SM</sup>  
**F I N A N C I A L**

**PRIVACY PERMISSION RELEASE**

Member: \_\_\_\_\_ ADA Number: \_\_\_\_\_

I give Great-West Financial, and specifically its representatives managing my ADA Income Protection, Office Overhead Expense, Life and/or MedCASH claim(s) permission to discuss my claim with the following person or persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_