

THIRD PARTY AUTHORITY FORM

This Authority form is used by the Policy Owner to nominate a person to act on your behalf in dealing with Genus in respect of your Insurance Policy. There are two types of authorities available; a Limited Authority or a Full Authority.

1. Insurance Plan details

Policy Owner:		
Policy Number:		
Date of Birth:		
Residential Address:		Postcode:
Email:		
Telephone No (home)	(work)	(mobile)

2. Name of Nominated Third Party Authority

Name:		D.O.B:	
Residential Address:			
Telephone No (home)	(work)	(mobile)	
Relationship to you:			

3. Authorisation

I appoint the person nominated above to act as my Third Party Authority in respect of my Insurance Policy.

I authorize and direct Genus (on behalf of my insurer) to act on the Authority I have selected below.

I acknowledge that this Authority will become effective from the date Genus receives and updates my Insurance Policy records with the details of this Authority and will remain effective until I direct Genus in writing to cancel this Authority.

I understand that Genus and my insurer are not responsible for any loss and/or liabilities which may result from Genus or my insurer acting on this Authority.

Please select **one** only

<input type="checkbox"/> LIMITED AUTHORITY Enquire, discuss and receive information only.	<input type="checkbox"/> FULL AUTHORITY Enquire, discuss, receive information, alter the benefits and/or premium or cancel the policy.
Signature of Policyowner/Member	
Date	