# Customer Authorisation Form

To be completed by the Customer / Authorised Signatory or Group Secretary for the policy
Please complete in black ink using **BLOCK CAPITALS.** Please read carefully before signing.

This form is intended for customers to tell their health insurance provider where they would like to obtain their advice from. You should complete it if you require advice from an intermediary, or you would like to change your current intermediary. Please note that your insurer may contact you to confirm your instructions, and, where appropriate, may also contact your current intermediary to inform them of your instructions.

Please complete **EITHER Option 1 OR Option 2**

## Option 1: Policy Review only - authority to conduct market review

I do not wish to transfer our policy to this intermediary at this stage *(please tick)* ☐ Effective date

I understand that relevant information (excluding medical details) relating to our policy will be sent to the intermediary shown in Section 4 to enable the intermediary to carry out a market review of our policy. For the avoidance of doubt, this is NOT an appointment of this intermediary to act permanently on our behalf.

**This authority is valid for 90 days only from the effective date shown.**

Customer Signature (wet not electronic) | Job Title (if applicable) | Date

## Option 2: Full Transfer to new intermediary

I wish to transfer our policy to the intermediary shown in section 4 *(please tick)* ☐ Effective Date

Please accept this as confirmation of the appointment of the intermediary shown in Section 4 as the sole intermediary to act on our behalf in relation to our policy. I understand that all information relating to our policy will be sent to the new appointed intermediary, and that this may attract commission for the newly appointed intermediary in line with our insurer's Terms of Business. I understand that this appointment will deselect my current intermediary (if any) from servicing my policy. For the avoidance of doubt this appointment will continue until such time as you are notified, in writing, to the contrary.

Customer Signature (wet not electronic) | Job Title (if applicable) | Date

**ALL Customers to complete Section 3**

## 3: Customer Details

I can confirm that the below named intermediary has fully explained both options available in respect of this insurance policy, and I understand the implications of my chosen option. I can confirm that I am the policyholder or an authorised signatory for this policy. In the case of a Company Scheme, I also confirm I am authorised to make this decision on behalf of the Company.

Insurance Company

Policy Number/s

Customer/Group Name

Customer Postcode

Customer Signature (wet not electronic)

Please print your full name

Job Title (if applicable)

Date

## 4: Intermediary Details

I can confirm that I have discussed both options with the Customer and fully explained the implications of the chosen option before asking the Customer to sign this document.

Intermediary Agency Number

Intermediary Company Name

Intermediary signature

Date

Please print your full name

## Guidance to the intermediary

This form has been produced by amii (Association of Medical Insurers and Intermediaries), with the support of a number of leading health insurance providers. It should be completed and signed by your client and forwarded to the insurance company in all cases.

You should inform your client that their insurance company may also contact them direct to verify their instructions. For Company schemes, the insurer also reserves the right to request a separate Client Statement on your clients company letter-headed paper in addition to this Customer Authorisation Form. You will be notified if this is the case.

For a full list of participating insurers, please visit: www.amii.org.uk