COMBINED™
A Chubb Company

APPOINTMENT OF REPRESENTATIVE

POLICYHOLDER NAME

POLICYHOLDER ID #

I hereby authorize the following individual(s) to obtain Information concerning my coverage with Combined Life Insurance Company of New York:

NAME / RELATIONSHIP

ADDRESS

NAME / RELATIONSHIP

ADDRESS

NAME / RELATIONSHIP

ADDRESS

This Authorization applies to (choose one option, **by initialing in the appropriate line,** and indicate specific Policy or Claim #'s if necessary):

(Initial appropriate line(s) below)

- All Policies and Claims I have with the Company. _____
- Policy Number(s) _____
- Claim Number(s) _____

This Authorization expires on (choose one option, **by initialing in the appropriate line,** and indicate the Date of Expiration if necessary):

(Initial appropriate line(s) below)

- This Authorization will remain in effect unless revoked or updated by me or someone Authorized to do so. _____
- I designate this Authorization to expire on: _____

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The Individual(s) mentioned is/are Authorized to obtain / update the following information in regards to the Policies / Claims stated above (choose one or more options, **by <u>initialing</u> in the appropriate line(s)** and add specific information if necessary.

(Please Note: An Authorized Representative is not able to make beneficiary / owner changes, cancel or surrender the Policy, nor are they able to request a Cash Loan.)

(Initial appropriate line(s) below)

- Policy Value Information – Includes Cash, Value Face, Loan, and Other Values _____
- Policy Benefits & General Information about Coverage _____
- Claim Payment / Benefit Information (non Medicare-Supplement Claims) _____
- Authorization to make Changes to the Policyholder Record (including, address, telephone number and billing mode / method) _____
-
- Other: _____
- Authorization to ALL of above _____

I appoint the individual(s) named above to act as my representative in connection with my Combined coverage.

POLICYHOLDER SIGNATURE

DATE

Please mail the completed form to the address below or fax to 312-351-6940.