

Travel Agents



Global Assistance

I, _____, INSURED PERSON
give permission to _____ with
MY AGENT
agency # _____ to have access to any and all
AGENCY NUMBER
relevant claims information, including medical records,
related to the adjudication of my claim # _____
CLAIM NUMBER
with AZGA Service Canada Inc. o/a Allianz Global Assistance.

I understand that this information will be shared between Allianz Global Assistance and my agent named above solely for the purpose of my agent assisting me in understanding the claim adjudication and its results.

Signed this _____ day of _____, 20____.

DAY MONTH YEAR

SIGNATURE OF INSURED PERSON

NAME OF INSURED PERSON (PLEASE PRINT)

Allianz Global Assistance

Toll free: 1-800-869-6747
Fax: 416-340-7152