

The patient must pay any costs for completion of this form.	
Name of patient _____ Date of birth _____	
Address _____ Telephone _____ <small>STREET CITY STATE ZIP CODE</small>	
Employer's name	I authorize any provider of medical services, insurance company, consumer reporting agency, Social Security Administration, law enforcement agency, or employer having medical information with respect to any physical or mental condition and other non-medical information of me to give to Union Security Insurance Company, or its representative, any and all such information. I UNDERSTAND the information obtained by use of this Authorization will be used by Union Security Insurance Company to determine eligibility for benefits. I know that a photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for the duration of the claim. This authorization is not governed by HIPAA, however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.
Plan, Policy or Participation number	
Account number	
_____ SIGNATURE OF PATIENT DATE	

ATTENDING PHYSICIAN'S STATEMENT

History	Patient's symptoms result from: <input type="checkbox"/> Illness <input type="checkbox"/> Accident Date symptoms first appeared _____ Dates of treatment: Date of first visit for this condition _____ Date of most recent visit _____ Date of most recent comprehensive exam _____ Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (<i>Specify.</i>) _____ Name(s) and address(es) of other treating physician(s) Hospital name _____ Confinement dates _____ through _____ Address _____ <small>STREET CITY STATE ZIP CODE</small>
Diagnoses	Diagnoses (<i>including any complications</i>) Subjective symptoms Objective findings (<i>Include results/copies of x-rays, lab tests, EKGs, MRIs and scans.</i>)
Treatment	Describe treatment program, including any surgery or medications.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

