Kentucky Department of Insurance

Designation of Authority for Third-Party Complaints

"I hereby designate _____ as my authorized representative for the purposes of filing and investigating my complaint. I authorize the Consumer Protection Division of the Department of Insurance to investigate the complaint received on my behalf and to respond directly to my representative. I understand and acknowledge that by designating the individual named above as my authorized representative, the individual may obtain, on my behalf, any and all documents and information which may become know as a result of the investigation, some of which might otherwise be considered confidential. Information released to the third party may include, but is not limited to the following: Social Security numbers, personal contact information, financial information, nonpublic personal health information, medical records and any documentation included as part of the Consumer Protection investigation. Additionally, I understand and acknowledge that this third party authorization does not constitute a power of attorney and does not allow negotiation with anyone other than the actual claimant. By signing this authorization, I hereby release the Department of Insurance from any liability that might accrue from disclosing information that might be deemed confidential."

_____

Insured/ Policy Holder Name (PLEASE PRINT)

_____ _____

Insured/ Policy Holder Signature **Date**