

# Authorization Letter for Policy Beneficiary Access

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the undersigned, hereby authorize [Beneficiary's Full Name] to access information regarding my insurance policy with [Insurance Company Name], policy number [Policy Number].

This authorization includes the ability to receive information relating to claims, benefits, and any other pertinent details necessary for [his/her/their] understanding and management of the policy benefits.

Please extend your cooperation and provide [Beneficiary's Name] with any necessary information they may require.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]