



## Consent to Release of Information

I \_\_\_\_\_ hereby authorize WTP to provide to and discuss with Johnson Fu Insurance Agency Inc. (the “Claim Assistant”) all information and documentation, including medical and other personal information, provided by me or obtained by WTP from third parties (collectively, “records”) regarding any matter for which I may make a claim to WTP under a policy of insurance. I understand that the purpose for the provision of records to and the discussion of records with the Claim Assistant is to enable WTP and insurers to determine whether and to what extent my claim may be covered by insurance and to facilitate communications about my claim. This authorization takes effect on the date set out below and may be revoked by me at any time in writing. If this authorization is revoked before the provision of records to and the discussion of records with the Claim Assistant, the assessment and processing of my claim may be delayed.

A copy of this authorization received by WTP shall be as effective and valid as the original.

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Date

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Print Insured’s Name

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Signed by Insured or authorized representative

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Print Name of Authorized Representative

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Relationship of Authorized Representative to Insured Person