OMA Insurance

OMAI Consent to Communicate with an Authorized Person

This form allows you to name a person(s) (such as a spouse, partner other family member, business associate, financial representative, or friend) to communicate on your behalf with OMAI regarding your OMAI insurance policy(ies). It allows OMAI to communicate only the specific personal information you consent to share, with person(s) you identify. This could include benefits, payments, and address information. It does not provide authority for the person(s) to change your payment address or apply for services or products on your behalf.

NAME:_____ **OMA NUMBER:** _____

Indicate if this is:

☐ a new consent to share form, or
☐ a change to current access to information on file. If so, indicate name of person you are withdrawing consent to share information with:

_____

Name of Person to Whom Information Will Be Shared: _____

RELATIONSHIP (Please check one only):

Family Member or Friend:

☐ Spouse/common-law partner
☐ Other Named Family Member
☐ Child Over Age of Majority
☐ Friend

Business Associate:

☐ Office Manager
☐ Business Partner
☐ Other: (Specify relationship) _____

Financial Advisor:

☐ Accountant
☐ Tax Advisor
☐ Financial Advisor
☐ Other: (Specify relationship) _____

INFORMATION TO BE SHARED (Please check all that apply)

Specify: ☐ Policy numbers you wish to give access to _____
☐ All Policies

☐ Premium & billing information
☐ Summary or confirmation of insurance coverage
☐ Status of application
☐ Corporate Ownership Change or Policy Assignment
☐ Claims information
☐ Schedule of Benefits/Certificate
☐ Beneficiary
☐ Benefits Booklet/Certificate

I hereby give my consent for OMAI to communicate personal information on my behalf and to act on information received from the authorized person(s) for the purposes set out above. This consent form does not provide authority to the person to apply for or submit benefits on my behalf or to change my payment address or, in the case of life insurance, change or add a beneficiary. I understand that this consent remains valid unless I cancel it in writing and that it is only valid if OMAI receives this form within ninety (90) days from the date I sign it.

NAME: _____

SIGNATURE: _____

DATE: _____

Protection of Your Personal Information

OMAI will not give your personal information to any person or organization without your written consent, except where authorized or required by law. You or your legal representative have the right to request a copy of the information in your file.

Please see our privacy policy for more information:
omainsurance.com/Pages/Privacy-Statement.aspx

To reach OMAI by phone or email:

1.800.758.164