

Third Party Authorization Form

Student information:

Full name:

Student ID:

Date of birth:

My signature below indicates that I agree to all of the following:

I authorize the named individual to act on my behalf regarding any inquiries relating to the Health & Dental Plan. This authorization allows the named individual to provide any information to Alumo as it relates to my Health & Dental Plan. This authorization also allows Alumo to provide information to the named individual as it relates to my Health & Dental Plan.

This authorization is valid for the following period of time (please choose only one option):

Case reference number:

The following dates:

The duration of my studies at (indicate institution):

Authorized individual:

Full name:

Relationship to the student:

Contact information:

Student's signature:

Return this completed Third Party
Authorization form to:

Alumo - Montreal Office
1200 McGill College Avenue, suite 2200
Montreal, QC H3B 4G7

or

Date:

Fax: 514-789-8734