



First Rehab Life

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Customer Service Fax 516-829-8212 • Claims Fax 516-829-8213

Authorization for Third-Party Representative

I, _____, residing at _____

_____ hereby authorize _____, who is the
 employer, policyholder, broker (check appropriate title) to submit my claims to
The First Rehabilitation Life Insurance Company of America (First Rehab Life) on Policy
No. _____.

I further authorize my employer, policyholder, broker (check appropriate title) to
receive claim reimbursements and/or payments for such claims and to forward the
reimbursement/payment to me.

I understand that by authorizing my employer, policyholder, broker (check
appropriate title) to submit claims and receive reimbursement in my name I am
authorizing this employer, policyholder, broker (check appropriate title) to review
the medical and other personal information contained on the claim form and the
explanation of benefits.

This authorization will remain in effect until the policy renewal date or until the policy is
terminated (if the termination date is earlier than the renewal date).

Signature Date

WITNESS:

Signature Print Name