

TPA Authorization Release form

I _____ certify that I am an authorized representative of _____ (*employer*) and hereby request Southeastern US Insurance, Inc. to release all documentation related to claims of current or former employees of _____ (*employer*) to the third party administrator listed below:

I hereby swear and affirm under penalty of perjury that the statements made herein are true and correct.

Signature

Date

Notary Public

My Commission Expires: