



**FORTUNE LIFE INSURANCE CO., INC.**  
 Fortune Life Building, 162 Legazpi Street  
 Legazpi Village, 1229 Makati City  
 Tel. Nos.: (02) 892-9841 to 49 (connecting all dept's)  
 Fax No.: (02) 812-2703  
 e-mail Address: [fortlife@fortunelife.com](mailto:fortlife@fortunelife.com)  
 URL <http://www.fortunelife.com>

**CERTIFICATE OF AUTHORIZATION  
 (MEDICAL CLAIMS)**

This Authorization hereby certifies that I/We are waiving all rights and privileges pertaining to the professional and confidential relationship between physician and patient, \_\_\_\_\_ and I/We hereby authorize you, or any medical facility, hospital, clinic or any other entity to provide all information including insured's medical history prior to the actual injury/confinement or hospitalization, and other records or documents relative thereto to Fortune Life Insurance Company, Inc.

I further hereby authorize any person, institution, agency, insurance company, government or private office to furnish information including documents and records about insured's personal, financial, lifestyle, domestic and such other information in their possession, to said insurance company to which I /We are making a claim for Hospital Income benefits.

It is understood that any action you may take in connection with this Authorization releases you or any and all members of your staff from any and all responsibilities or obligations in connection with the release of such records or information.

A photocopy of this Authorization duly signed by the insured/Policy Owner shall be as valid as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature over printed name of Insured  
 Contact No. \_\_\_\_\_

\_\_\_\_\_  
 Signature over printed name of Policy Owner

I /We \_\_\_\_\_, under oath hereby depose and say that the foregoing statements are true and full and given of my/our own free will and authority.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared before me the above named \_\_\_\_\_, who being duly sworn deposed that the statements above mentioned are full and true to the best of his/her knowledge, free will and authority and subscribed the same in my presence.

\_\_\_\_\_  
 Notary Public  
 Until \_\_\_\_\_ PTR No. \_\_\_\_\_  
 Issued at \_\_\_\_\_ on \_\_\_\_\_

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 Series of:

**ANTI FRAUD WARNING / PAALALA:**  
*"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."*