CHURCH LIFE INSURANCE CORPORATION

445 Fifth Avenue
New York, NY 10016
(866) 802-6333
www.cpg.org

Life Insurance MIB Authorization Form

☐ New Hire ☐ Current Employee ☐ Dependent

1. Applicant Information

_____ Birth Date _____/_____/_____ Date Hired _____/_____/_____
Title First Name M.I. Last Name Mo Day Yr Mo Day Yr

_____ _____
Street Place of Birth

_____
City State Zip

Please provide the best way to contact you:

Phone _____ Email address _____

Best time to call _____

2. MIB Authorization

I hereby authorize any insurance company, MIB, Inc. ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give the Church Life Insurance Corporation or its reinsurers, any such information. I understand that I am entitled to a copy of this authorization. I hereby acknowledge receipt of the Notice regarding MIB and the Notice regarding The Fair Credit Reporting Act. (A photographic copy of this authorization shall be as valid as the original). This authorization shall expire 24 months after the date it is signed.

_____
Employee or Dependent Signature **Date**