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Authorization to Disclose Personal Information

I, _____, authorize Quikcard Solutions Inc.
(Name of Primary Cardholder)

("Quikcard") to disclose any personal information, including personal health information, in its files

about: _____
(Names of people whose information may be disclosed)

to _____ for policy administration purposes.
(Name of person to receive information)

This authorization is effective immediately. I understand that I may revoke this authorization at any time by notifying Quikcard but such revocation will not have any effect on personal information disclosed by Quikcard before it receives such revocation.

Cardholder Number: _____

Group Number: _____

Signature: _____

Date: _____