

The following form must be completed by the employee before the various insurance carriers will release information on your account. Please print the form and complete it, then FAX it to Linda Judge or Cathy Forsyth at (304) 233-9511 or mail it to The Cornerstone Group LLC, 594 National Rd, Wheeling, WV 26003, attention to Linda or Cathy.

Information Release Form

I, _____, give my permission
(Employee's Name)

to _____ to release any and
(Name of Insurance Carrier)

all information regarding the records and accounts of myself and/or any covered dependents to:

Linda Judge or Cathy Forsyth

The Cornerstone Group

594 National Road

Wheeling, WV 26003

(304) 232-2106

This release becomes effective immediately and will continue until further notice.

Signature

Date

Street or mailing address

City, State & Zip code

Date of birth: _____

Social Security #: _____