



Authorization to Release Information Form

185 The West Mall , Suite 600
Toronto ON
M9C 5L5
Attn: Benefits Administration Department
Fax : 647-722-3056
Email: admin@nexgenrx.com

Group Number _____ Certificate Number _____

Employee Name _____

I _____ give permission to NexgenRx Inc. to
release any claims or benefits information to _____
Name and Relationship

By signing below, I understand that I have given authorization to NexgenRx Inc. to release any claims or benefit related information about my plan to the above named individual.

Member's Signature

Date