

Policy Number: _____

Policy Holder: _____

In order for us to **NOT** assign benefits to your providers,
we must have the below authorization signed and dated.

DO NOT ASSIGN BENEFITS

I hereby authorize Equitable Life & Casualty Insurance Company
to forward ALL Benefits directly to me.

Signed: _____

Dated: _____

Please Fax to the Attention of **EquiCenter** at 801-579-3765

OR Mail to: Equitable Life & Casualty
Attention EquiCenter
3 Triad Center
Salt Lake City, UT 84180-1200