

**Georgia Department of Human Services
Division of Family and Children Services
Insurance Clearance**

_____ Date _____
_____ Case # _____
_____ Policy # _____

Name of Applicant/Recipient _____

Mailing Address _____

The above-named individual has applied to this agency for assistance and has given us permission, as evidenced by the signed authorization for insurance clearance set forth here under, to make the necessary financial investigation. Therefore, we shall appreciate your completing the section below and returning the completed form to us at the earliest date possible.

_____ Case Worker Name

_____ Case Worker Email

Authorization For Insurance Clearance

To Whom It May Concern:

I, the undersigned hereby authorize representatives of Department of Human Services/Division of Family and Children Services to be given any information that they may desire concerning my insurance.

_____ Signature of Applicant/Recipient

_____ Signature of Witness

_____ Address

_____ Address

_____ Date

_____ Date

Information Requested on Above-Designated Policy

Owner of Policy _____

Current face value of policy _____ Current cash surrender value _____

Date policy was issued _____ Can policyholder elect to receive dividends ____ Yes ____ No

Amount of accrued dividends _____ How often are dividends paid _____

Date(s) and amount(s) of any outstanding loan(s) _____

_____ Signature

_____ Title

_____ Date