



WESTERN CATHOLIC UNION

A Fraternal Benefit Society Since 1877

510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 – (217) 223-9721 – Fax (217) 223-9726
www.wculife.org



RELEASE OF NURSING HOME INFORMATION AUTHORIZATION

INFORMATION

Annuitant: _____

Owner (if other than annuitant): _____

Joint Owner (if applicable): _____

Certificate #(s): _____

NURSING HOME RESIDENT'S AUTHORIZATION

I, as Resident, authorize Western Catholic Union to obtain information from the Nursing Home listed below regarding my health care/health care provider.

Signature: _____ Date: _____

TO BE COMPLETED BY NURSING HOME REPRESENTATIVE

Name of Nursing Home: _____

Address of Nursing Home: _____

Name of Resident: _____

Date of Admission: _____ Current Resident: ☐ Yes ☐ No

Please indicate which option applies regarding the health care provider:

☐ It is Medicare approved as a provider of skilled nursing care services; **or**

☐ It meets **all** the requirements below:

- it is licensed as a nursing home by the state in which it is located;
- its main function is to provide skilled, intermediate or custodial nursing care;
- it is engaged in providing continuous room and board accommodations to three or more persons;
- it is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);
- it maintains a daily medical record of each patient; and
- it maintains control and records for all medications dispensed.

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone #: _____