AUTHORIZATION TO OPEN MAIL

I, ................................................., **do hereby authorize** Chimes to act as my agent and on my behalf in opening and processing the following categories of mail:

1. Bills and bank statements
2. Third-party payments and related forms and information
3. Notices of appointments and meetings
4. Notifications of benefits

_________________________________________  ________________________________
Date                                                Signature of Person Served

_________________________________________
Witness Signature/Position

* * * * * * * * * * * * * * * * * * * * * * * * * *

I, .............................................................., **do not authorize** Chimes to act as my agent and on my behalf in opening and processing the following categories of mail:

5. Bills and bank statements
6. Third-party payments and related forms and information
7. Notices of appointments and meetings
8. Notifications of benefits

And, I accept the potential liability associated with my refusal to authorize Chimes to act as my agent in this manner.

_________________________________________  ________________________________
Date                                                Signature of Person Served

_________________________________________
Witness Signature/Position

Form C-500 10/88, rev. 11/05; 01/14