

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW APPLICATION
FOR MOTOR VEHICLE NO-FAULT BENEFITS**

THIS FORM IS SUBSCRIBED AND AFFIRMED BY THE
APPLICANT AS TRUE UNDER THE PENALTIES OF PERJURY.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature

Date

X

AUTHORIZATIONS

Required with Application of Motor Vehicle No-Fault Benefits (NYS Form NF-2). Please provide the required information, signature, date, in all 3 places and return WITH your NYS Form NF-2.

AUTHORIZATION OF RELEASE OF WORK AND OTHER LOSS INFORMATION

This authorization or photocopy hereof, will authorize you to furnish all information you may have regarding my wages, salary or other loss while employed by you. You are authorized to provide this information in accordance with the NEW YORK COMPREHENSIVE AUTOMOBILE INSURANCE REPARATIONS ACT (NO-FAULT LAW)

Name (Print or Type)	Social Security No. _____
X	
Signature	Date

(If the applicant is a minor, the parent or guardian shall sign and indicate capacity and relationship.)

AUTHORIZATION OF RELEASE OF HEALTH SERVICE OR TREATMENT INFORMATION

This authorization or photocopy hereof, will authorize you to furnish all information you may have regarding my condition while under your observation or treatment, including the history obtained, X-ray and physical findings, diagnosis and prognosis. You are authorized to provide this information in accordance with the NEW YORK COMPREHENSIVE AUTOMOBILE INSURANCE REPARATIONS ACT (NO-FAULT LAW)

Name (Print or Type)	Social Security No. _____
X	
Signature	Date

(If the applicant is a minor, the parent or guardian shall sign and indicate capacity and relationship.)

