



Yorkshire Professional Building, Suite 301
1374 White Horse Hamilton Square Rd
Hamilton NJ 08690-3712.
tel. 609-581-6622 fax. 609-585-9885
web: www.aahcs.org email: corporate@aaahcs.org

Authorization for Professional Liability Insurance

I _____ RN/LPN/CNA gives my consent to All American Healthcare Services Inc. to take \$89 from my paycheck as the annual payment for my individual Professional Liability Insurance. All American Healthcare Services Inc. can go ahead and do the needful. I willing to provide additional information or documentation required for this process.

Signature: _____

Date: _____