
Authorization for Release of Information

For the purpose of obtaining the insurance coverage that I have requested, I hereby authorize my Representative and any affiliated agencies, to disclose my personal financial and health information to the insurance companies listed below.

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided treatment or services to me or on my behalf within the past 10 years ("my Providers") to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") concerning me to my Representative and its staff, affiliated companies and/or entities, including but not limited to insurance companies and their re-insurers. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, my prescription records and history of medications prescribed, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements that I have made with my Providers that restrict disclosure of my medical records and any associated HIPAA protected health information do not apply for purposes of this authorization and I instruct my Providers to release and disclose my entire medical record without restriction to my Representative and any affiliated agencies. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

The information contained in these medical and financial records will be held in confidence and may be used only for the purpose of the procurement, or the evaluation or underwriting for the possible procurement, of life, health, long term care or other insurance products. The contents therein may be reviewed and assessed by a qualified staff consisting of medical directors, underwriters, underwriting assistants, or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of the insurance companies listed below and their re-insurers.

This authorization shall be valid for twelve (12) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization.

I understand that I may write to my Representative to revoke this authorization and that the revocation will take effect when my Representative receives my written request. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

I understand that if I refuse to sign this authorization, my Representative may not be able to provide full and complete information about the insurance coverage and its cost that may be available to me. I also understand and acknowledge that each of the insurers listed on this form or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. I understand that my Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization.

Proposed Insured's Name

Proposed Insured's Signature

Signed and Dated On

At (City, State, Zip Code)

Representative's Name

Representative's Signature

Accordia, American General Life Ins Co, Allianz Insurance Group , American Life and Annuity Insurance Company, American General Life Insurance Company, American National Insurance Companies, America United Life, Assurity Life Insurance Company, Athene Annuity & Life Assurance Company, AXA Financial, Banner Life Insurance Company, Brighthouse Life Insurance Company, Columbian Financial Group, Companion Life Insurance Company, The Coventry Group, Credit Suisse Group, Empire General Life Assurance Corp, EP Insurance Services, Equitrust Life Exceptional Risk Advisors LLC , Fidelity and Guaranty Life Ins Co, Fidelity and Guaranty Life Ins Co of NY, Foresters Life Insurance & Annuity, Fort Dearborn Life, Gerber Life Ins Co, Global Atlantic Financial Group, Guggenheim Life and Annuity Company, The Guardian Life Insurance Company of America, Genworth Financial Family of Companies, AVIVA & Affiliates, A.I. Credit Corp., HSBC, ING USA Annuity and Life Insurance Company, John Hancock Life Insurance Company, Lafayette Life Insurance Company, Legacy Planning Partners, Liberty Life Insurance Company, Lifestyle Settlements, Lincoln National Life Insurance Company and their affiliates, Lloyd's of London Massachusetts, Minnesota Life, Mutual Life Insurance Company, Metropolitan Life Insurance Company and MetLife Investors USA Insurance Company and their affiliates, Mutual of Omaha Insurance Companies, Mutual Trust Life, Nationwide Life Insurance Company, National Western Life National Life Group, Nationwide Life and Annuity Insurance Company, New York Life Insurance Company, North American Company for Life and Health Insurance, Old Mutual Financial Life Insurance Company, One America, Pacific Life Insurance, Peachtree Settlement Funding, Penn Mutual Life Insurance Company, Perry Financial, Principal Life Insurance Company, Principal National Life Insurance Company, Protective Life and Accident Insurance, Prudential Insurance Company of America, Pruco Life Insurance Company, Pruco Life Insurance Company of New Jersey, ReliaStar Life Insurance Company, State Life, ReliaStar Life Insurance Company of New York, Savings Bank Life Insurance-SBLI, Security Life of Denver Insurance Company, Security Mutual Life Ins Co of NY, StanCorp Financial Group, Inc, Superior Mobile Medics, Symetra Life Insurance Company, Transamerica Insurance & Investment Group, United of Omaha Life Insurance Company, United Home Life Ins Co, United States Life Insurance Company in the City of New York, Unum Life Insurance Company, William Penn Life Insurance Company of New York, West Coast Life Insurance Company, Western Reserve Life, Welcome Funds, Zurich American Life Insurance Company