

Insurance Brokerage America

AUTHORIZATION

This Authorization is HIPAA compliant.

Proposed Insured: _____

Date of Birth: _____ Social Security #: _____

Purpose:

The purpose of this Authorization is to permit Insurance Brokerage America to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions ("the Companies") listed on the reverse of this document. Information that may be released to and disclosed by Insurance Brokerage America and the Companies listed on the reverse of this document pursuant to this Authorization shall include any and all information, to the extent permitted by applicable law.

Information to be Released:

The information to be released pursuant to this Authorization includes any personal health information, records or data concerning my past, present or future mental, physical or behavioral health or condition ("Information"), to the extent permitted by law.

Specifically, Information included all information, records or data relating to my: physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances; occupation; avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits.

I understand that this information may include results from blood, saliva, urine and other tests.

I further understand that this information may, if applicable, include information regarding diagnosis, prognosis and treatment of: alcohol or drug abuse (including records protected under federal law, 42 CFR Part 2); serious communicable diseases or infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization:

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has information about me to release such information to Insurance Brokerage America, and its authorized representatives.

I specifically authorize the Companies listed on the reverse of this document to receive information from and to release information to Insurance Brokerage America. I also specifically authorize Insurance Brokerage America and the Companies listed on the reverse of this release information about me to their reinsures, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release information directly to any Company listed on the reverse of this document, upon such insurer's request, provided the insurer is a member of MIB. *

I understand that information disclosed to Insurance Brokerage America may have been subject to state and federal privacy laws and regulations. Once information is disclosed to Insurance Brokerage America it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, Insurance Brokerage America or the Companies may not be able to process my request.

I also authorize my Agent, named below, to receive information and I authorize Insurance Brokerage America to disclose such information to my Agent, to assist in the purpose of this Authorization the extent permitted by law.

A photocopy of this Authorization shall be as valid as the original.

This Authorization shall be effective for two (2) years after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to Insurance Brokerage America, P.O. Box 30248 Charleston, SC 29417 800-406-6303. Any action taken in reliance on this authorization prior to the notice of the revocation shall be valid.

Proposed Insured's Signature (or that of Authorized Representative)

Date

Print Name of Proposed Insured

If signed by Authorized Representative of Proposed Insured, describe authority, e.g., parent or guardian of minor child.

Print Name of Agent

*MIB is a nonprofit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file. Member life insurance companies and their reinsures may make brief reports of certain medical and non-medical information to MIB regarding any person for whom coverage is sought. If you contact MIB, it will disclose information it has about you in its file. If you feel the information in MIB's file is not correct, you can ask to correct the information as provided in the Federal Fair Credit Reporting Act. You can write to MIB, Inc., Post Office Box 105, Essex Station, Boston, MA 02112 or call 1 (617) 426-3660.

Insurance Brokerage America

Notice of Information Practices

Investigative Consumer Report

In addition to requesting a report from MIB, as a part of our underwriting process we or one of the insurance companies listed below may request an investigative consumer information report to confirm and supplement the information about your general health, employment and occupation, finances, smoking habits, and hazardous activities. Such a report may also cover your mode of living, except as may be related directly or indirectly to your sexual orientation, but including alcohol and drug use, general reputation, and driving record. Some of this information may be obtained through personal interviews with you or your family, friends, associates, or others with whom you are acquainted. If a consumer information report is requested, you may request to be personally interviewed if you can be contacted during normal business hours. An interview is normally conducted, but you are entitled to make a specific request.

We keep such information reports confidential and use them only to evaluate and underwrite your application.

You have a right under the Fair Credit Reporting Act to make a written request to inspect and obtain a copy of a consumer information report. If we request a report and the report has an adverse effect on your insurability, we will notify you in writing and give you the name and address of the reporting company.

Disclosure of Information

We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer databases secure and to safeguard the information we have.

We may disclose personal information about you without prior authorization under certain circumstances. For example, we may disclose information about you to persons or organizations to allow such persons or organizations to perform a business, professional, or insurance function for us, or an insurance support organization, or to provide information to determine eligibility for insurance benefits or detect fraud, misrepresentation, or material non-disclosure. We may give information to accounting firms performing audits, governmental agencies reviewing our practices, or attorneys hired to protect our legal interest.

Information may be disclosed to reinsurance companies or another insurance company to which you have applied for coverage or benefits. Information may be furnished your agents to aid them in providing adequate service to you. Other disclosures may be made as permitted or required by law.

We may also disclose information to medical professionals where required by law for the purpose of informing you of a medical problem of which you may not be aware or to persons or organizations for the purpose of conducting research including actuarial, marketing, and underwriting studies. This may include various insurance industry groups that conduct studies about risk experience or medical backgrounds of insured lives.

No medical record information or personal information relating to your character, personal habits, mode of living, or general reputation will be released to anyone who receives personal information for purposes of marketing a product or service.

You Can View and Correct Your Information

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside Insurance Brokerage America.

If you want to know more about our privacy policy, please contact us at Insurance Brokerage America, P.O. Box 30248 Charleston, SC 29417

Proposed Insured Initials: _____ **Date:** _____

Print Name: _____ **Soc. Sec. #** _____

American General Life	First Colony	Manulife USA	RBC
American General Life of NY	First Penn-Pacific	Manulife USA of NY	Security Life of Denver
AIG Life	F&G	Metropolitan Life Insurance Company	
		Minnesota Life	Security Mutual Life
AIG Life of NY	GE Capital Assurance	MONY	Security Mutual Life of NY
Allianz Life Insurance Company	GE Capital Assurance of NY	Mutual of Omaha	Southland Life
American Mayflower	GE Financial Assurance	Nationwide	Standard
American National Insurance Company	GE Life & Annuity/LOV	New York Life	State Life of Indiana
American Life Insurance Company of NY	General American Life Insurance Co	North American Life & Health	Transamerica
Bankers Life of NY	Gerber Life Insurance Company	North American Life & Health of NY	Travelers Insurance
Banner Life	Guarantee Trust Life	Old Line Life	UNUM Insurance
Boston Mutual	Hartford Life Insurance	Old Republic Life	United of Omaha
Business Mens Assurance Co. of America	Illinois Mutual	Phoenix	Unum Provident Corporation
Canada Life Assurance	Indianapolis Life Insurance Company		Union Central
Aviva	ING	Physicians Mutual Life	US Financial
Canada Life of NY	Jefferson Pilot Life Insurance	Presidential Life Insurance Company	US Life Insurance Co. in the City of NY
Companion Life of NY	John Hancock Life Insurance Company	Penn Treaty	Assent Marketing Group
Continental Insurance Company	Keyport Life Insurance Company	Premium Life, LLC	West Coast Life
Coventry First	Life Asset Group, LLC	Protective Life	William Penn
Empire General Life	Lincoln Benefit Life	Principal Life	XER NY, LLC
Lincoln Life	Massachusetts Mutual Life	Prudential Insurance	Welcome Funds