

Authorization to Obtain and Disclose Confidential Information

This form is HIPAA compliant.

Proposed Insured's Name

Date of Birth

Social Security Number

Records and Information obtained from the Proposed Insured or other parties may be disclosed to and between the insurance companies or the insurance agencies listed below, NFP Insurance Services, Inc. (NFPISI), NFP Benefits, brokers, contractors, employees, representatives and agents working for or through NFPISI for purposes of the Proposed Insured applying for or evaluating insurance coverage.

Insurers and Agencies

The purpose of this Authorization is to assist in the evaluation and placement of my application for insurance. I hereby authorize the release of any and all records and information regarding me, the proposed insured, pursuant to this Authorization. This includes, without limitation, any and all records and protected health information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition, with the exclusion of psychotherapy notes. Such records to be released may include, but are not limited to, information about my: (1) behavioral and physical health; (2) alcohol/drug abuse treatment, (3) pharmacy prescriptions, (4) communicable diseases, acquired immunodeficiency syndrome ("AIDS"), human immunodeficiency virus ("HIV"), (5) sexually transmitted diseases, (6) Sickle Cell testing and treatment, (7) genetic testing, (8) laboratory test results, (9) other insurance coverage, (10) hazardous activities, (11) character, (12) general reputation, (13) mode of living, (14) finances, (15) occupation, and (16) other personal traits, if any such records exists.

21st Services Advantage Insurance Network, Inc. (AIN) AIG All American Life Insurance Co. Allianz Life Allstate Life of New York American General Life Insurance Co. American National Americo Financial Life & Annuity Ameritas Life APEX Underwriting Solutions APPS-American Para Professional Systems, Inc. Ashar Group AVS AXA Equitable Life Insurance Co. Bankers Life Insurance Co. Banner Life Boston Nurse Consultants, LLC Bragg & Associates Brighthouse Insurance Company Columbus Life Insurance Continental Assurance (CNA) LTC Coventry First, LLC Credit Suisse ECA Marketing Inc. Fasano Fidelity & Guaranty Life Insurance Co. Genworth Life and Annuity Genworth Life Insurance Co. Global Atlantic Great American Great-West Life & Annuity Insurance Company Guardian Guardian Life Institutional Life Services, LLC International Medical Risk Consultants, Inc. John Hancock Financial John Hancock Life John Hancock Life U.S.A. John Hancock New York	John Hancock Variable Kestra Insurance Services, LLC Kestra Investment Services, LLC Lafayette Life Liberty Life Lincoln Financial Companies Lincoln Life & Annuity Co. of New York Lincoln National Life Insurance Co. Longmore Credit Louis & Ellis M&M Brokerage Services, Inc. Manhattan Life Massachusetts Mutual Group Massachusetts Mutual Life Insurance Company Metlife Insurance Company USA Metropolitan Life Insurance Co. Minnesota Life Mutual of Omaha National Life of Vermont National Western Nationwide Life and Annuity Co. of America Nationwide Life Insurance Co. New England Life Insurance Co. New York Life Insurance and Annuity Co. New York Life Insurance Co. NFP Brokerage Insurance Services, Inc. NFP Insurance Services, Inc. North American Co. NYLIFE Insurance Co. of Arizona OneAmerica Old Mutual Financial Network Pacific Life Pacific Life and Annuity Co. Pan American Life-Bermuda Penn Insurance and Annuity Penn Insurance and Annuity Co. of New York Penn Mutual Life Petersen International Underwriters Phoenix Life Annuity Co. Phoenix Life Insurance Co.	Principal Life Insurance Company Principal National Life Insurance Company Pro Financial Services, LLC Protective Life & Annuity-NY (WCL) Protective Life Insurance Co Protective of NY Pruco Life Insurance Co. Pruco Life Insurance Co. of New Jersey Prudential Insurance Co. of America Prudential Life Insurance Companies ReliaStar Life Insurance Co. ReliaStar NY Risk Righter Savings Bank Life Insurance Company SBSI, Inc. / NFP Insurance Solutions Security Life of Denver Insurance Co. Security Mutual Life Shenandoah Life Insurance Co. State Life Insurance Company (affiliated with OneAmerica) Succession Capital Alliance Sun Life Bermuda Symetra Financial Transamerica Bermuds Transamerica Financial Life Transamerica Life Insurance Transamerica Life Insurance and Annuity Co. Transamerica Occidental Union Central United of Omaha Unum US Life Insurance Co. USG Annuity USG Annuity & Life Welcome Funds, Inc Western Reserve Life Assurance Co. of Ohio William Penn of New York Windsor Insurance Associates, Inc. Zurich American Life Insurance Company
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Additional Insurers and Agencies

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I understand that any Insurer or Agency named afore, its reinsurers, and insurance support organizations, and those persons authorized to represent them may need to collect such information for proposed insurance coverage. The Insurers and Agencies named afore and their reinsurers will use the information in order to determine whether I am insurable or to assist in the application and underwriting process. The insurance producer may also use this information to help update and improve my insurance program.

I hereby authorize any medical practitioner, including my primary care physician listed below,

Physician Name _____

Physician Address _____

any medical facility, health plan, health care professional, laboratory, other medical entity, insurance support organization, financial institution, consumer reporting agency and my employer, to give the information described above to the Insurers and Agencies listed afore and to:

Requestor of Medical Information _____

Requestor Address _____

Broker/Agent/Agency/Firm _____

Broker/Agent/Agency/Firm Address _____

I understand that my information will be kept confidential, and will not be disclosed to other persons or organizations without this written permission for the purposes referenced herein, except to the extent that it is necessary for (1) the Insurers and Agencies named afore and their reinsurers and other entities required to conduct business; (2) other insurers to which I have applied or may apply; (3) reinsurers; or (4) other persons whom perform business, professional or insurance services for them. They may also disclose this information as allowed by law. I understand that the Agencies and Insurers listed afore may use the secured internet-based system called "UConnect" to store/access some or all of the confidential and personal medical information.

I understand that when information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the insurance company and may no longer be protected by the federal and state laws and regulations that may have applied in the first instance. This Authorization will remain in effect for 36 months from the date of my signature below.

I understand I may revoke this Authorization at any time by requesting such of my broker in writing. I understand that such revocation would not be effective to the extent any of the parties herein have already relied upon this authorization.

A photocopy of this Authorization is as valid as an original. I acknowledge that I have received a copy of this Authorization and the Notice to Proposed Insured(s). If minor children are proposed for coverage, the above statements are made by the person authorized to act on their behalf.

I understand that I am not required to sign this Authorization. I understand, however, that if I do not sign this Authorization to release my records and information that the insurers and agencies listed herein may not be able to evaluate and place my application for insurance. I understand that any health care provider who receives this authorization will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this Authorization.

Signed at _____ this _____ day of _____, _____ (year)

Signature of Proposed Insured / Guardian or Custodian / Authorized Representative

X _____

Complete if Minor Child is Proposed for Coverage:

Name of Minor Child: _____

Relationship of Representative to Minor: _____

Signature of Witness: _____ Signature of Policy Owner(s) _____

(not required)

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NOTICE TO PROPOSED INSURED

Instructions to the Producer: This notice must be given to the proposed insured before or at the time of signature.

Federal Fair Credit Reporting Act Notice

Federal law requires that you be advised that in connection with your application or informal inquiry concerning insurance an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This report would include information as to your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If you make a written request to any of the insurers named on the reverse side within a reasonable time after receipt of this notice, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, you will be advised of the name and address of the consumer reporting agency to whom the request was made. The consumer reporting agency, upon request, will furnish information as the nature and scope of its investigation. You have the right to inspect and to receive a copy of any such report by contacting the consumer reporting agency.

The Medical Information Bureau (MIB)

A source of information and medical records, MIB is a non-profit insurance support corporation which operates an information exchange on behalf of member life insurance companies. Member companies will ask the MIB if it has a record concerning you. If you previously applied to a member company for insurance, MIB may have information about you in its file. The purpose of the MIB is to protect member companies and their policy owners from those who would conceal significant facts relevant to their insurability. The information which is obtained from MIB may be used only as an alert to the possible need for further independent investigation. It cannot be used as a basis in making a final underwriting decision.

At your request, the MIB will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information on file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is PO Box 105, Essex Station, Boston Massachusetts 02112, telephone number: 612.426.3660.

Notice of Insurance Information Practices

In the course of properly underwriting and administering your insurance coverage, the insurers named on the reverse side will rely primarily on information provided by you. They may also seek information from others, such as medical professionals who have treated you. In some cases, they may ask a consumer reporting agency to collect information and submit an investigative consumer report to them. This also authorizes the preparation of an investigative consumer report. You have the right to request to be interviewed in connection with the preparation of that report. The consumer reporting agency will make the contents of that report available to you in accordance with federal law.

In some situations, and in compliance with applicable law, the consumer reporting agency may disclose necessary items of information to the parties without your specific authorization.

You have the right to be told about, and to see and copy if you wish, items of personal information about you that appears in their files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF THE NAMED INSURERS AND YOUR AGENT'S INFORMATION PRACTICES. EACH INSURER NAMED HEREIN REQUIRED THE COMPLETION OF A FULL APPLICATION OF ITS RESPECTIVE PRODUCT LINES.