



Proposed Insured _____

Social Security Number _____

HIPAA AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

The undersigned insured(s) (hereafter referred to as "I", "me" or "my"), authorizes the use and disclosure of my personal health and medical information protected by state and federal law including the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as follows:

Description and Purpose of Disclosure: This authorization shall apply to any and all of my personal health and medical information, including medical records in their entirety which may contain mental health records (excluding psychotherapy notes, as defined by HIPAA) and restricted records, life expectancy reports, prescription drug records, HIV-related information, use of alcohol or controlled or prohibited substances, and employment records, whether or not personally or individually identifiable (collectively referred to as my "PHI"). This authorization and all uses and disclosures of my PHI made under this authorization are for the purposes of allowing Gene Pleasants Agency and any Authorized Recipient (as defined below) to: (1) determine my eligibility for Insurance Products and Services, as defined below; and/or (2) market Insurance Products and Services to me.

"Insurance Products and Services" means, for example, life insurance, disability insurance, as well as premium financing and other similar types of products and services. Insurance Products and Services also include long term care or other types of health insurance.

Classes of Persons Authorized to Disclose My PHI: I authorize any health care provider, including any doctor, hospital or medically-related facility, nurse, pharmacy, physician, practitioner, or practitioner practice group (each an "Authorized HCP"), and any insurance company, HMO/PPO or similar organization, employer or, except as may be limited by state law, any other organization, institution or person that has my PHI to disclose to Gene Pleasants Agency or any Authorized Recipient, any such records or information as provided under this authorization.

Classes of Persons Authorized to Receive My PHI: PHI received by Gene Pleasants Agency may be disclosed under this authorization to any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described (each an "Authorized Recipient").

Further Disclosure Authorization: I authorize each Authorized Recipient to further disclose my PHI as necessary to carry out the purposes under this authorization. I understand and acknowledge that PHI that is redisclosed by the Authorized Recipient may no longer be protected by law. I further acknowledge that some state and federal laws prohibit the further disclosure of information regarding the diagnosis, prognosis and treatment of drug or alcohol abuse, communicable diseases or infection including sexually-transmitted diseases or HIV without specific written consent. I hereby authorize Gene Pleasants Agency and each Authorized Recipient to further disclose the foregoing information to the extent such disclosure is necessary in order to carry out the purposes under this authorization.

Expiration of Authorization: This authorization shall remain valid for two (2) years after the date signed below.

Right to Revoke: I understand that I may revoke this authorization at any time by sending a written request for revocation to Gene Pleasants Agency or to any Authorized HCP at such address designated to me. Any revocation of this authorization shall not apply to the extent that any person has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

This authorization complies with the provisions of the HIPAA Privacy Rule governing authorizations (45 C.F.R. Sec. 164.508). I understand that this authorization is a requirement for the underwriting, sale or settling of Insurance Products and Services and Gene Pleasants Agency may condition enrollment, eligibility, benefits, sale or settling of Insurance Products and Services on whether I sign this authorization.

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. I certify that I am executing and delivering this authorization freely and voluntarily as of the date written below. I further certify that I have received and retained a copy of this signed authorization for future reference.

Signature of Insured/Proposed Insured

Date

Signature of Authorized Representative

Date

Relationship/Authority to Represent



Proposed Insured _____

Social Security Number _____

AUTHORIZED RECIPIENTS

INSURANCE CARRIERS

- | | |
|--|---|
| Allianz Life Insurance Company of North America | Metropolitan Life Insurance Company |
| American Equity Investment Life Insurance Company | Mutual of Omaha |
| American General Life Insurance Company | National Guardian Life Insurance Company |
| American National Insurance Company | National Life Insurance Company/Life Insurance Company of the |
| American National Life Insurance Company of NY Americo | Southwest Nationwide Life Insurance Company |
| Ameritas Life Insurance Corp of New York | Nationwide Life Insurance Company |
| Assurity Life Insurance Company | New York Life |
| Athene Annuity | North American Co. for Life & Health |
| Equitable Life Insurance Company | Ohio National Life |
| Banner Life Insurance Company/Legal & General Boston | OneAmerica |
| Mutual Life Insurance Company | Pacific Life & Annuity Company |
| Brighthouse Life Insurance Company | Pacific Life |
| Brighthouse Life Insurance Company of New York | Penn Insurance & Annuity Company |
| (The) Cincinnati Insurance Companies | Penn Mutual Life Insurance Company |
| Columbian Life Insurance Company | Principal Life Insurance Company |
| Columbian Mutual Life Insurance Company | Principal National Life Insurance Company |
| Equitable Life Insurance Company | Protective Life & Annuity Insurance Company |
| Fidelity Security Life Insurance Company | Protective Life Insurance Company |
| Fidelity Security Life Insurance Company of New York | Prudential Life Insurance Company |
| First Forethought Life Insurance Company | Reliance Standard |
| Gerber Life Insurance Company | Sagicor Life Insurance Company |
| Great American Life Insurance Company | Securian Life Insurance Company/Minnesota Life Insurance |
| Guardian Life Insurance Company | Company Symetra Life Insurance Company |
| Illinois Mutual Life Insurance Company | Sons of Norway |
| Integrity Life Insurance Company | Symetra National Life Insurance Company of New York |
| John Hancock Life Insurance Company (USA) | The Standard |
| John Hancock Life Insurance Company of NY | The Standard Life Insurance Company of New York |
| Lincoln Life Insurance & Annuity Co. of NY | Transamerica Financial Life Insurance Company |
| Lincoln National Life Insurance Company | Transamerica Life Insurance Company |
| Mass Mutual Life Insurance Company | United of Omaha Life Insurance Company |

Signature of Insured/Proposed Insured

Date

Signature of Authorized Representative

Date

Relationship/Authority to Represent