

AIG, Advanced Settlements, AXA, American General Life, American National, Assurity Life, Banner Life, Chase, Coventry First, Designs In Life Insurance Marketing, Empire General, First Colony Life, General American, GE Financial, General Life, Genworth, Indianapolis Life, ING, John Hancock, Jefferson Pilot, Lifestyle Insurance., Lincoln National, Lincoln Benefit Life, Lloyds of London, Mass Mutual, Metlife, Metlife Investors, New York Life, North American Company for Life and Health, Old Mutual Financial Network, Old Republic, Pan American Life, Peterson International Underwriters, Protective Life, Prudential, Reliastar Life, Security Life of Denver, Standard Life, State Life, Sun Life, Transamerica, Trinity Financial, UNUM, United of Omaha, U.S. Financial Life, West Coast Life.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

1. I authorize Designs In Life Insurance Marketing and the companies listed above and their reinsurers to obtain and use any information about or relating to me that may affect my insurability. Designs In Life Insurance Marketing and the companies listed above and their reinsurers may obtain and use health and medical information, including but not limited to information about drug use, alcohol use, nicotine use, physical and mental diseases and illness, and psychiatric disorders. All of this information may be used to evaluate an application for insurance, a tentative offer for insurance, or both. Information relating to communicable diseases and other risk factors relating to me or to my spouse and life partner may be used to evaluate an application for insurance or a tentative offer for insurance on either me or my spouse and life partner. The agent for Designs In Life Insurance Marketing or any company listed above or the regional sales office representing me on my application for insurance may obtain the information described in this paragraph directly from any of the persons or organizations listed in paragraph 2 in order to expedite the delivery of the information to Designs In Life Insurance Marketing or any company listed above.
2. I authorize the following persons and organizations to release and disclose the information described in paragraph 1 to Designs In Life Insurance Marketing and all of the companies listed above or their agents acting on their behalf: (i) my doctor(s); (ii) medical practitioners; (iii) pharmacists; (iv) medical and related facilities, including hospitals, clinics, facilities run by the Veteran.s Administration, Kaiser Permanente, The Cleveland Clinic Foundation and The Mayo Clinic; (v) insurers; (vi) reinsurers; (vii) Medical Information Bureau, Inc. (**MIB**).
3. I authorize Designs In Life Insurance Marketing and the companies listed above and their reinsurers to release and disclose the information described in paragraph 1 to its affiliates, its reinsurers, persons or organizations providing services relating to insurance underwriting for Designs In Life Insurance Marketing or any of the companies listed above, **MIB**, and as otherwise required by law. Designs In Life Insurance Marketing and the companies listed above and their reinsurers may release and disclose the information described in paragraph 1 to other insurers if I have applied or apply to the other insurers for insurance. Designs In Life Insurance Marketing and the companies listed above and

their reinsurers may release and disclose the information described in paragraph 1 to the sales agent representing me on my application for insurance if it is necessary to provide an explanation of the reasons for any above listed companies' decision to impose special underwriting requirements, whenever my application cannot be approved as submitted, or in connection with a claim for benefits.

- 4. The authorizations in paragraphs 1 through 3 shall be valid for 6 months from the date shown below.
- 5. I understand that information about me may be disclosed under this authorization to persons or organizations that are not subject to the Health Insurance Portability and Accountability Act (**HIPAA**) and that the information would then no longer be protected by **HIPAA** and any related regulations.
- 6. During the evaluation of my information, I understand that I have the right to revoke the authorizations in paragraphs 1 through 3 by writing to Designs In Life Insurance Marketing, 5865 Traffic Way, Atascadero, CA 93422. If this authorization is revoked, this would result in the file being closed and no offer of coverage provided.
- 7. I have been given a copy of this authorization form.

I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

_____ **Date of Authorization** _____
Proposed Insured (Signature)

Proposed Insured's Social Security number: _____

Proposed Insured's date of birth: _____

THIS AUTHORIZATION MUST BE SIGNED WITHOUT MODIFICATION BEFORE THE APPLICATION CAN BE PROCESSED. PLEASE RETURN THIS AUTHORIZATION WITH THE APPLICATION.

Locations of Records: _____

