



Total Financial
Next Generation

TOTAL FINANCIAL & INSURANCE SERVICES, INC.

300 Corporate Pointe., Suite 250, Culver City, CA 90230

310/477-7500 800/989-7500 • www.totalfinancial.com • Lic. # 0D04093

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

(This authorization is intended to comply with the HIPAA Privacy Rule)

I, _____ understand that the life insurance companies named below, their reinsurers, any insurance support organizations and the authorized representatives of those companies may need to collect information about me in regard to proposed life insurance coverage. I hereby authorize listed Insurance Carriers to obtain, review, and evaluate blood and urine results (Protected Health Information) completed during the life insurance exam process.

Therefore, I authorize any licensed physician, pharmacies, Pharmacy Benefit Managers, medical practitioner, psychotherapist, hospital, clinic or other medical or medically related facility, insurance or reinsurance companies, the Medical Information Bureau, Inc., consumer reporting agency, financial sources, employers and any institution or person to furnish to the insurance companies named below the types of information specified in the Authorization upon presentation of this Authorization or a photocopy. In addition, I hereby authorize listed Insurance Carriers to obtain, review, and evaluate blood and urine results (Protected Health Information) completed during the life insurance exam process. To facilitate rapid submission of such information, I authorize all said sources, except the Medical Information Bureau Inc., to give such records or knowledge to **TOTAL FINANCIAL & INSURANCE SERVICES, INC.**

The types of information will include information about my overall health to include psychiatric diagnosis and treatment, sexually transmitted disease's including HIV and AIDS including diagnosis, treatment and testing and Drug and Alcohol abuse and treatment, physical and mental health, employment, and other insurance coverage, participation in hazardous activities, character, general reputation, mode of living, finances, occupation and other personal characteristics.

The insurance companies named below and their reinsurers to determine eligibility for insurance, claims, and by the insurance agent to aid in updating and improving my insurance program will use the information. I understand that once any such health-related information is released pursuant to this authorization, that information may be re-disclosed and will no longer be covered or protected by the HIPAA rules governing privacy and confidentiality of health information, but such information may be covered or protected from such re-disclosure under other federal or state privacy laws.

This authorization shall remain in force for twenty four (24) months following the date of my signature, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing at any time by sending a written request for revocation to:

Total Financial & Insurance Services, Inc. 300 Corporate Pointe., Suite 250, Culver City, CA 90230 , Attention: HIPAA Privacy Official.

Alternatively, I may revoke this authorization by sending a written revocation directly to my Providers. I understand that a revocation is not effective to the extent that any of My Providers have relied on this authorization or to the extent that the companies listed below have a legal right to contest a claim under an insurance policy or to contest the policy itself.

This Authorization will be valid for two years after the date of signing. I understand that I may request to receive a copy of this Authorization. I acknowledge receipt of the Notice to Proposed Insured and Notice of Information Practices.

TOTAL FINANCIAL & INSURANCE SERVICES, INC. MAY SUBMIT TO:

Allianz	Guardian	Penn Mutual
Accordia Life	Voya/ReliaStar Life of New York	Principal Life Insurance
AGL/USL/AIG	Voya/ReliaStar Companies	Principal National Life Insurance
American National Insurance Company	Voya/Security Life of Denver	Protective Life
Ameritas	John Hancock Life	Prudential Insurance Co of America
Assurity Life	Life Insurance Company of the Southwest	Pruco
Aviva	Lincoln National Life	The Saving Bank Life Insurance
AXA / Equitable	Massachusetts Mutual	State Life/One America
Banner Life	Metropolitan Life	Symetra Life
Brighthouse Financial	Minnesota Life	Transamerica Life Insurance Company/TLIC
Brown Brown and Gomberg	National Life of Vermont	Transamerica Financial Life Insurance Company/TFLIC
Columbus Life	Nationwide	United of Omaha
Express Imaging Services	New York Life	Voelker Underwriting Service, Inc
Fidelity & Guaranty Life	Pacific Life	William Penn
First Global Financial & Insurance Services	PanAmerican Life	Windsor Insurance
Genworth Life Insurance. Co.	PDC Retrieval	

Proposed Insured/Patient (please print): _____ Date of Birth _____
Month/Day/Year

Signature of Proposed Insured: _____

Signed at: _____
City, State

this _____ day of _____
Month/Year

Witness: _____

