
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	Global Atlantic	Penn Mutual
Accordia Life /Athene	Great American Insurance Co.	PIA-NY
AGL/USL/AIG	Guardian	Principal Life Insurance
American National Insurance Company	Voya/ReliaStar Life of New York	Principal National Life Insurance
American Equity Investment Life Insurance Co.	Voya/ReliaStar Companies	Protective Life
Ameritas Life Insurance Corp.	Voya/Security Life of Denver	Prudential Insurance Co of America
Ameritas Life Insurance Corp. of New York	John Hancock Life	Pruco
Assurity Life	Life Insurance Company of the Southwest	The Saving Bank Life Insurance
AXA / Equitable	LifeRoc Capital, LLC	Security Mutual Life Insurance Company of New York
Banner Life	Lighthouse Life	State Life/One America
Bill Vigliotti	Lincoln National Life	Symetra Life
Brighthouse Financial	Massachusetts Mutual	Transamerica Life Insurance Company/ TLIC
Brown Brown and Gomberg	Metropolitan Life	Transamerica Financial Life Insurance Company/TFLIC
Cincinnati Life	Minnesota Life	United of Omaha
Columbus Life	National Life of Vermont	William Penn
Express Imaging Services	Nationwide	Zurich American Life Insurance Company
Fidelity & Guaranty Life	New York LifePac Life	
Genworth Life Insurance. Co.	PanAmerican Life	

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: _____