

HIPAA FORM

Authorization to obtain and disclose information – *HIPAA compliant*

Proposed Insured's Name:

First: _____ Middle: _____

Last: _____

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 including, but not limited to, New FFR Insurance Services, Inc. ("the Company") and members, brokers, contractors, employees, representatives and agents working through New FFR Insurance Services, Inc.

Insurance Companies, Vendors and Agencies:

Abacus Life	Equitable Financial Life	Lloyds of London
AG American General	Insurance Co.	Mass Mutual
Allianz	Equitrust	Minnesota Life
American Equity Investment Life	ExamOne	Mutual of Omaha
Ins. Co.	Exceptional Risk Advisors	Nassau Re
American National	Express Imaging Services, Inc.	National Guardian Life
American National Life Ins. Co.	Fidelity & Guaranty	National Life Ins. Co.
of New York	Fidelity Security	National Western Life
Americo	Fidelity Security Life	Nationwide
Ameritas Life Ins. Corp.	Financial Independence Group	New York Life
Ameritas Life Ins. Corp. of NY	First Symetra	North American Co. for Life &
Annexus	Foresters Financial	Health
Ashar Group	Gerber Life	Oceanview Life & Annuity
Aspida	Great American	Ohio State Life
Assurity Life	Guardian Life Ins. Co.	OneAmerica
Athene	Ibexis	Oxford Life & Annuity
Athene of NY	IBU Inc. Underwriting Services	Pacific Guardian Life
Atlantic Coast Life	Illinois Mutual	Pacific Life
Banner Life Ins. Co.	Integrity Life Ins. Co.	Pacific Life Lynchburg
Brighthouse Financial	John Hancock NY	Paperless Solutions Group
Capitol Life	John Hancock USA	Penn Insurance & Annuity Co.
Cincinnati Life	KBM Consulting	Penn Mutual Life Ins. Co.
Clear Spring	Lafayette Life	Principal Life
Columbus Life	Legal & General America	Principal National
CoreBridge Financial	Liberty Bankers	Protective Life
Coventry	Life Insurance Co. of the SW	Protective Life & Annuity
Deleware Life	LifeRoc Capital LLC	Protective Life Ins. Co of NY
Disability Insurance Services	Lincoln Financial	PRUCO Life Ins. Co.
eNoah	Lincoln Life & Annuity of NY	Prudential Financial

Last Revised: December 2023



Reliance Standard
Royal Neighbors
Sagicor
Savings Bank Life Ins. Co. of MA
SBLI
ScriptCheck
Securian Life

Security Mutual Life Ins. Co. of
NY
Sentinel Security
Signature Resources
Strategic Medical Consulting,
Inc.
Symetra
Tellus Life Brokerage

The Baltimore Life
The Standard
Transamerica Financial
Transamerica Life Ins. Co.
United Home Life
United of Omaha
United States Life Ins. Co. of NY
William Penn of NY

Additional Companies and Agencies:

I authorize any: (a) any physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) any insurance company; and, (c) MIB, Inc., to disclose my entire medical record and any other protected health information concerning me each of the companies afore listed, as well as to their reinsurers, any insurance support organizations, and those persons authorized to represent them, and New FFR Insurance Services Inc.

I understand that such information may include records relating to my physical or mental condition such as diagnostic tests, physical examination notes, and treatment histories, which may include information regarding the diagnosis and treatment of sexually transmitted diseases, and mental illness, and the use of alcohol, drugs and tobacco, my prescription records, and history of medication prescribed, but excluding Human Immunodeficiency Virus (HIV) and psychotherapy notes.

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 provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical or health care facility to release and disclose my entire medical record without restriction, excluding Human Immunodeficiency Virus (HIV).

I understand and authorize the use and disclosure of my medical or health information for purposes of and in connection with underwriting of my application for insurance with the Company, determining the premium for insurance, obtaining reinsurance, servicing my insurance and administering coverage, evaluating any claim for insurance benefits and conducting other legally permissible activities that relate to any coverage for which I have applied.

I also authorize life insurance companies to release information about me to their reinsurers, underwriting service providers or other persons or organizations performing business, professional or insurance functions for them or the Company. I understand that the Company will not disclose information it obtains about me except as authorized by this Authorization, as may be required, or permitted by law, or as I may further authorize.

I understand that when information is used or disclosed pursuant to this Authorization, it may be subject to re-disclosure 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 24 months from the date of my signature below.

I understand I may revoke this Authorization at any time by requesting such of my agent/broker in writing and sent to the healthcare provider, if required. I understand that such revocation would not be effective to the extent that neither of the parties herein have already relied upon this authorization.



A photocopy of this Authorization is as valid as the 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.

I authorize aforementioned life insurance company, or any life insurance company reinsurers, to make a brief report of my personal health information to MIB, Inc.

I authorize aforementioned life insurance company, or any life insurance company reinsurers, to disclose any information they obtain about me to any other life insurance company with which I do business.

I acknowledge receiving an MIB, Inc. Notice, a Fair Credit Reporting Act Notice and a Notice of Insurance Information Practices and authorize the Company to obtain an investigative or other consumer report as described in the Fair Credit Reporting Act Notice. I understand, upon my request, I am entitled to receive a copy of the investigative or other consumer report, and that I may request to be interviewed in connection with the preparation of the report.

I acknowledge that I (We) am (are) the person(s) stated above and have the authority to execute this Authorization and have read and understand this Authorization intending to be legally bound.

Authorized Representative, or if Proposed Insured 1 or 2 is under age 18 a parent or guardian must sign, print name and provide relationship or authority to sign.

Insured 1 Name (First, Last): _____

Insured 1 Signature: _____ Date: _____

Insured 2 Name (First, Last): _____

Insured 2 Signature: _____ Date: _____

Parent/Guardian Name (First, Last): _____

Parent/Guardian Signature: _____ Date: _____

Relation to Insured: _____

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

NOTICE TO PROPOSED INSURED

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

Federal Fair Credit Reporting Act

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

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: 866-692-6901.

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 appear 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.***