

Authorization To Obtain and Disclose Information



This Authorization Complies with the Health Insurance Portability and Accountability Act (HIPAA), and the Gramm-Leach-Bliley Act (GLBA) privacy regulations

The terms that follow have the respective meanings when used in this authorization:

- **Authorization:** To obtain and disclose information.
- **Insurance Support Organization:** Medical Information Bureau, Inc. and/or Consumer Reporting Agency.
- **Bureau:** Medical Information Bureau, Inc.

I understand that the companies named below, their reinsurers, any insurance support organizations, my independent insurance representative, and those persons and employees authorized to represent them, including those persons defined as "business associates", and third parties who have information protection safeguards in place to provide insurance administration service on my behalf, may need to collect information on me in regard to proposed and in force coverage.

If you would like to receive the address of any company listed below in order to obtain a more detailed explanation of their information security practices, please contact Diane Hoover, Senior Vice President, at: Brokers' Service Marketing Group, 500 South Main Street, Providence, R.I. 02903, diane@bsmg.net, 800-343-7772 or 401-751-9400.

Allianz Life Insurance Company of North America	BrightHouse Life Insurance Company	Genworth Life Insurance Company	Massachusetts Mutual Life Insurance Company	Pruco Life Insurance Company	Symetra Life Insurance Company
Accordia Life and Annuity Company	Brokers' Service Marketing Group, LLC	Genworth Life Insurance Company of NY	Mutual of Omaha Insurance Company	Pruco Life Insurance Company of New Jersey	Superior Mobile Medics
Allstate Life Insurance Company of New York	Centrian Life Insurance Company	Great American Life Insurance Company	National Western Life Insurance Company	Prudential Insurance Company of America	The United States Life Insurance Company In the City of New York
American General Life Insurance Company	Companion Life of New York	Jetstream APS	Nationwide Insurance Company	Reliance Standard Life Insurance Company	Transamerica Life Insurance Company
American National Insurance Company	Delaware Life Insurance Company	John Hancock Insurance Company of New York	Nationwide Life & Annuity Insurance Company	Reliastar Life Insurance Company	United of Omaha Life Insurance Group
APPS Paramedical Services	EMSI	John Hancock Life Insurance Company U.S.A.	New York Life Insurance and Annuity Corporation	Reliastar Life Insurance Company of New York	Voya Insurance and Annuity Company
Athene Annuity and Life Assurance Company	Exam One/ Quest Diagnostics	Lincoln Benefit Life	North American Company for Life and Health Insurance	Savings Bank Life of Massachusetts	Welcome Funds
AXA Equitable Life Insurance Company	Fidelity Life Association	Lincoln Life & Annuity Company of New York	Principal Life Insurance Company	Security Life of Denver Insurance Company	Western National Insurance Group
Banner Life Insurance Company	GBU Financial Life	Lincoln National Life Insurance Company	Principal National Life Insurance Company	Standard Insurance Company	William Penn of New York
BrightHouse Financial	Genworth Life and Annuity Insurance Company	MassMutual Financial Group	Protective Life Insurance Company	State Life Insurance Company/OneAmerica	Zurich American Life Insurance Company

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf (My Providers), and any insurer, reinsurer, insurance support organization, financial source, and employer to disclose the types of information listed below when this authorization is presented. I authorize Brokers' Service Marketing Group II, LLC, and its agents to identify the specific Providers to which this form or copies hereof are directed by inserting the name(s) of such Providers on the line set forth on page 2 for Provider identity on this form and copies hereof used in the future to gather all permitted information from any or all of my Providers. I authorize all said sources listed above, except the Bureau, to give such records or knowledge to Brokers' Service Marketing Group II, LLC, to include both written and verbal release of medical information. I may refuse to sign this authorization. If I refuse to sign this authorization, my treatment, payment, health plan enrollment, or eligibility for health benefits will not be affected. However, if I refuse to sign this authorization, any life insurance applied for will not be underwritten or placed in force.

This information includes my entire medical record and any other Protected Health Information under HIPAA concerning me. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This includes information on the diagnosis and treatment of mental illness, and the use of alcohol, drugs, and tobacco. This also includes information on other insurance coverage, hazardous activities, character, general reputation, mode of living, finances, vocation, and other personal traits. This also includes genetic information about me or my family members. This information also includes any other Non-public Personal Information under GLBA concerning me.

Authorization To Obtain and Disclose Information



By signing this authorization, I terminate any agreements I have made with my providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical record without restriction. My Protected Health Information and my Non-public Personal Information is to be disclosed under this authorization so that the insurance companies named above and their reinsurers may:

1. determine my insurability and underwrite my application for coverage by making eligibility, risk rating, and policy issuance determinations;
2. obtain reinsurance;
3. administer claims and determine or fulfill responsibility for coverage and provision of benefits;
4. administer and service in force coverage; and
5. conduct other legally permissible activities that relate to any in force coverage I have or have applied for with the insurance companies named above.

Those parties named above may disclose the information that they have collected. They may disclose this information to:

1. other insurers to which I have applied or may apply;
2. reinsurers;
3. the Bureau; or
4. other persons and third parties who perform business, professional, or insurance services for them.

This authorization expires 12 months from the date it was signed or as specified: ___/___/___ If not specified this authorization will expire 12 months from the date it was received. A copy of this authorization is as valid as the original.

I acknowledge receipt of this notice and understand and agree that BSMG will provide to me a copy of each completed Authorization directed to my Providers via electronic transmission to me and/or my insurance agent, whom I hereby designate for such purposes. I understand that I have the right to revoke this authorization in writing, at any time by sending a written request to Brokers' Service Marketing Group, II, LLC, 500 South Main Street, Providence, RI 02903. I understand that a revocation is not effective if any of My Providers have relied on this authorization or to the extent that any of the insurance companies named above have a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed to certain third parties that provide insurance services related to my coverage and no longer covered by certain federal rules governing privacy and confidentiality of health information.

All information will be released to Brokers' Service Marketing Group, II, LLC, their licensed representatives and/or their reinsurers or their approved vendors.

Records to be released from Provider: _____

Records to be released to: Brokers' Service Marketing Group, II, LLC/JetStream APS

Insured or Proposed Insured's Name: _____

Insured or Proposed Insured's Address: _____
Street City State Zip

Date of Birth: _____ Social Security #: _____

Insured or Proposed Insured's Signature _____ Date: _____

Please complete the fields in this box.

To Be Read by the Insured or Proposed Insured



Exchange of Information (Medical Information Bureau)

I understand that if I refuse to sign this authorization, any of the insurance companies or life settlement companies named above may not be able to process my application, or if coverage has been issued, may not be to make any benefit payments. The underwriting process (evaluation of risks) is necessary not only to assure that you pay the lowest possible cost for your insurance, but also to assure that each policyholder contributes his fair share of the cost. In considering your application, information from various sources must therefore be considered. These may include the results of your physical examination and any reports we may receive from doctors and hospitals who have attended you.

Information regarding your insurability will be treated as confidential. Any one of the life insurance companies listed or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660. Any one of the life insurance companies listed may also release information on their file to their reinsuring companies or to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

The purpose of the Bureau is to protect its members and their policyholders from bearing the expense created by those who would conceal facts relevant to their insurability. Information furnished by the Bureau may alert the insurer to the possible need for further investigation, but under Bureau rules cannot be used as the basis for evaluating risks. The Bureau is not a repository of medical reports from hospitals and physicians, and information in the Bureau file does not reveal whether applications for insurance are accepted, rated or declined.

Notice of Information Practices

In the course of properly underwriting and administering your in force insurance coverage, the listed insurance companies will rely primarily on information provided by you. The companies 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. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report by contacting the consumer reporting agency as explained above.

In some situations, and in compliance with applicable law, the insurance companies may disclose necessary items of information to third parties who provide insurance administration services on your behalf without your specific authorization. These parties are contractually bound to only use your information to perform those services. They cannot use it for marketing purposes.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in the insurance companies' files. You also have the right to seek correction of information you believe to be inaccurate.

To Be Read by the Insured or Proposed Insured

Our Privacy Policy

Your privacy is important to us. At Brokers' Service Marketing Group II, LLC, we understand the information you provide us or that we collect about you is private.

This privacy policy is provided to you so that you will understand what Brokers' Service does with the personal information you provide to us and the measure we take to protect your privacy.

Who has access to client information?

The information that you provide to us is used by Brokers' Service Marketing Group II, LLC for purposes of soliciting an offer from a life insurance carrier, administering any insurance that may be placed in force as a result of such an offer and may include soliciting an offer for the future exchange of your policy to another insurance carrier, soliciting an offer for the future sale of your policy to a life settlement company, and other purposes affecting the review and servicing of your policy.

The insurance carrier(s), your independent insurance representative and employees of Brokers' Service Marketing Group II, LLC, including those persons defined as "business associates" have access to your information on a limited basis, and are authorized to review it only for the purpose of carrying out their duties and responsibilities. Brokers' Service, its employees, the insurance carrier(s), independent insurance representatives and any third parties performing administrative services are required to keep client information confidential.

Why does Brokers' Service Marketing Group II, LLC collect information?

In order to properly process your application for insurance, negotiate on your behalf with the insurance carrier(s), and administer any insurance placed in force, Brokers' Service Marketing Group must collect and transfer copies of certain information required to provide you with products and services that meet your individual needs.

What type of information does Brokers' Service Marketing Group II, LLC collect?

Brokers' Service Marketing Group II, LLC collects various types of information about its clients. Brokers' Service also maintains this information for a period of time. The types of information we collect and maintain about you include:

- Information you supply on an insurance or annuity application, such as your name, address, telephone, income, social security number and employment.
- Information from non-affiliated third parties about your medical, employment and income history; your assets and liabilities; and your driving record.

How long does Brokers' Service Marketing Group II, LLC retain this information

Brokers' Service Marketing Group II, LLC maintains this information depending on the results of the application process. If the application proceeds to be the placing of a policy, Brokers' Service Marketing Group II, LLC will maintain these records for as long as the policy placed remains in force. If the application process is unsuccessful for any reason, then Brokers' Service Marketing Group II, LLC maintains the information as necessary.

Does Brokers' Service Marketing Group II, LLC disclose client information to, or share client information with, outsiders? Brokers' Service Marketing Group II, LLC does not disclose any **Non-Public Personal Information** covered under GLBA or any **Protected Health Information** covered by HIPAA about our clients or former clients to anyone, except as permitted by this authorization or required by law. It is Brokers' Service Marketing Group II, LLC's current policy to not disclose client information to, or share client information with, other businesses for marketing purposes.

HOW CAN I CONTACT BROKERS' SERVICE MARKETING GROUP II, LLC IF I HAVE A PRIVACY QUESTION?

If you have any questions about the privacy of your information, you can contact Diane Hoover, Senior Vice President, at: BROKERS' SERVICE MARKETING GROUP, 500 South Main Street, Providence, RI 02903, diane@bsmg.net, 800-343-7772 or 401-751-9400.