



Authorization To Obtain and Disclose PHI & For Use And Disclosure Of NPI

This Authorization Complies with the Health Insurance Portability and Accountability Act (HIPAA)

I, the undersigned insured or proposed insured, authorize and request that any physician, medical practitioner or provider, health care professional (to include medical records custodian), hospital, clinic or pharmacy that has provided treatment or services to me or on my behalf ("My Providers"), and any organization, institution or person that has any records or knowledge about me or my health to give all such information to Brokers' Service Marketing Group II, LLC, (this "Authorization") to include both written and verbal release of medical information.

The requested Protected Health Information ("PHI") as defined under HIPAA shall include, but shall not be limited to, my clinic and office visits, operative and pathology reports, lab and X-ray reports, any other diagnostic testing, consultations and evaluations, after visit summaries, and any other pertinent health related information constituting my entire medical record. Additionally, any diagnosis or treatment of Human Immunodeficiency Virus (HIV) and sexually transmitted diseases. This request shall also include PHI regarding medication used, drug and alcohol treatment and the diagnosis and treatment of mental illness (excluding psychotherapy notes).

My PHI is to be disclosed under this Authorization so that the insurance companies named below, and their reinsurers may determine my insurability for insurance. This PHI contained in all of these medical records will be held in confidence and may be used only for the purpose of underwriting for the possible procurement of life, long term care, or other insurance products. I understand that any PHI that is disclosed under this Authorization may no longer be covered by certain federal rules governing privacy and confidentiality of PHI and may be subject to redisclosure. I understand that any PHI 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 PHI.

By my signature, I acknowledge that any agreements I have made to restrict my PHI do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical record without restriction.

I understand authorizing the disclosure of this PHI is voluntary. I recognize and understand that I can refuse to sign this Authorization and/or opt out of any part of this Authorization. If I refuse to sign this Authorization, my treatment, payment, health plan enrollment, or eligibility for health benefits will not be affected. 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.

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.

This Authorization Complies With the Gramm-Leach-Bliley Act (GLBA) Privacy Regulations

I, the undersigned insured "or proposed insured, hereby authorize Brokers' Service Marketing Group II, LLC ("BSMG"), to use and disclose any and all of my Nonpublic Personal Information ("NPI") to any authorized recipient, as defined hereunder. The purpose of this authorization is to allow BSMG to solicit an offer of insurance from a life insurance carrier and administer any insurance that may be placed in force as a result.

"Nonpublic Personal Information" shall include the following: name, address, telephone number, income, Social Security number, and employer. I recognize and understand that I may opt-out of sharing my NPI by not executing this document and/or checking the following box:

I agree and consent that this authorization shall be effective from the date hereof until the earlier of (a) the date that is two (2) years after the date hereof, or (b) an earlier date as may be required by applicable law or regulation. I have the right to revoke this authorization, at any time, by providing written notification to BSMG.

Your privacy is very important to BSMG. BSMG shares your NPI on a minimum necessary basis, strictly for the purpose of soliciting an offer insurance. Further, it is BSMG's current policy to not disclose client information to, or share client information with, other businesses for marketing purposes. We encourage you to review our Privacy Policy attached hereto.

Dates of service being requested: _____ to _____

Records to be released from Provider: _____

Please complete this form in its entirety and SIGN BELOW

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

Insured or Proposed Insured's Name: _____

Date of Birth: _____ Social Security #: _____

➤ Insured or Proposed Insured's Signature: _____ Date: _____

Companies to Which This Authorization Applies:

Abacus Life / American General Life Insurance Co. / American National Insurance Co. / APPS Paramed Services / Assurity Life / AXA Equitable Life Insurance Co. / Banner Life Insurance Co. / Brighthouse Financial / Centrian Life Insurance Co. / Cincinnati Life / Companion Life of New York / Coventry / Delaware Life Insurance Co. / EMSI / ExamOne Superior Solutions / Exceptional Risk Advisors / Global Atlantic / Great American Life Insurance Co. / Hanleigh Insurance / Jetstream APS / John Hancock / Lincoln Financial Group / Lloyd's of London / Minnesota Life Insurance Co. / Mutual of Omaha Insurance Co. / Nationwide / New York Life Insurance & Annuity Co. / North American Company for Life & Health Ins. / OneAmerica / Pacific Life Insurance Co. / Penn Mutual Insurance Co. / Principal Financial / Protective / Prudential / Sagior Life Insurance / SBLI / Securian Financial Group / Security Life of Denver Insurance Co. / Security Mutual / State Life Insurance Co. / Symetra Life Insurance Company / US Life Insurance Company of NYC / Transamerica Life Insurance Co. / United of Omaha Life Insurance Co. / Welcome Funds / William Penn of New York / Zurich American Life Insurance Co.

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.

Companies to Which This Authorization Applies:

Abacus Life	ExamOne Superior Solutions	Principal Financial
American General Life Insurance Co.	Exceptional Risk Advisors	Protective
American National Insurance Co.	Global Atlantic	Prudential
APPS Paramedical Services	Great American Life Insurance Co.	Sagicor Life Insurance
Assurity Life	Hanleigh Insurance	SBLI
AXA Equitable Life Insurance Co.	Jetstream APS	Securian Financial Group
Banner Life Insurance Co.	John Hancock	Security Life of Denver Insurance Co.
BrightHouse Financial	Lincoln Financial Group	Security Mutual
Centrian Life Insurance Co.	Lloyd's of London	State Life Insurance Co.
Cincinnati Life	Minnesota Life Insurance Co.	Symetra Life Insurance Company US
Companion Life of New York	Mutual of Omaha Insurance Co.	Life Insurance Company of NYC
Coventry	Nationwide	Transamerica Life Insurance Co.
Delaware Life Insurance Co.	New York Life Insurance & Annuity Corp.	United of Omaha Life Insurance Co.
EMSI	North American Company for Life & Health Ins.	Welcome Funds
	OneAmerica	William Penn of New York
	Pacific Life Insurance Co.	Zurich American Life Insurance Co.
	Penn Mutual Insurance Co.	

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 the express and sole purpose of soliciting an offer of insurance from a life insurance carrier and administer any insurance that may be placed in force as a result. 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.

Informal Inquiry

This is not an application for life insurance*

Agent: _____ Date: _____

Client Information:

First Name: _____ MI: _____ Last Name: _____

DOB: _____ Gender: Male Female Ht: _____ Wt: _____ Phone Number: _____

US Citizen: Yes No If no, list country of citizenship, visa type & status: _____

List any foreign travel in the previous 2 years and/or planned travel in the next 2 years: _____

Avocation/Hazardous Activities

- Private Pilot Hang Gliding Scuba Diving Sky Diving Mountain Climbing
 Auto Racing Other: _____

Does your driving history contain any moving violations, license suspensions or DUI(s)? Yes No

If yes, please provide details: _____

Do you use, or have you ever used nicotine (please check which type)? Yes No If yes, date of last usage? _____

- Cigarettes E-Cigarettes Nicorette Gum Vaping Cigars _____ (frequency)
 Chewing Tobacco Pipe Other _____

Do you use marijuana? Yes No Medical card? Yes No Frequency: _____

Any history or treatment of drug/alcohol use? Yes No If yes, provide details: _____

Please list all medications you are currently taking: _____

Policy Information:

Requested Plan of Insurance: Term Coverage: _____ (duration) Permanent Coverage Survivorship Coverage

Face Amount: _____ LTC Rider: Yes No

Total Amount of Inforce Coverage: \$ _____ Company(s): _____

Replacing Coverage? Yes No If yes, what is the total amount of coverage being replaced? _____

Has case been previously underwritten? Yes No If yes, please provide details - carrier(s), outcome(s), date(s): _____

Please check if you have had any medical consultation or treatment for: (Provide details for any condition selected on next page)

- Cardiac Conditions
- Cancer or Tumor Organ Involved: _____ Tumor Type: _____ Stage/Grade: _____
- Anxiety, Depression, or Mental Health Condition
- Sleep Apnea Treatment: _____
- Diabetes Type: I II Diagnosis Date: _____ Insulin: Yes No Latest HgA1c: _____
- Blood Disorder
- Lung or Respiratory Condition
- Any condition not listed? _____
- Any surgeries within the last 10 years? _____

***Authorization to Disclose Information form must be submitted with the Informal Inquiry.**

Please provide date(s) and details of any treatment or surgery related to the condition(s) indicated on the previous page or any pertinent information that may impact underwriting.

Question Number	Date	Treating Physician	Details

Physician/Hospital Information

Doctor's Name	Address/Phone Number	Date of Last Service	Reason for Treatment
Primary Care Physician:			
All other Physicians or Hospitals providing treatment in the past 10 years:			

If you have any questions, please call a BSMG Life Wholesaler at 800.343.7772