



Insurance | Risk Management | Consulting

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

This authorization complies with the HIPAA Privacy Rule

For the purpose of obtaining the insurance coverage that I have requested, I hereby authorize **GBS Insurance and Financial Services, Inc.** (the “Representative”) and its affiliated agencies, to disclose my personal financial and health information to the insurance companies listed at the bottom of the next page and to insurance agents and brokers acting on my behalf with respect to obtaining such insurance coverage.

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided treatment or services to me or on my behalf within the past 10 years (“my Providers”) to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) concerning me to the Representative and its staff, affiliated companies and/or entities, insurance companies and their reinsurers. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness, prescription drug records and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature on the next page, I acknowledge that any agreements I have made with my Providers that restrict disclosure of my medical records and any associated HIPAA protected health information do not apply for purposes of this authorization and I instruct my Providers to release and disclose my entire medical record without restriction to the Representative. I understand that any information that is disclosed pursuant to this authorization may be subject to re-disclosure and no longer covered by certain federal rules governing privacy and confidentiality of health information.

The information contained in these medical and financial records will be held in confidence and may be used only for the purpose of the procurement, or the evaluation or underwriting for the possible procurement, of life, health, long term care, or other insurance products. The contents therein may be reviewed and assessed by a qualified staff consisting of medical directors, underwriters, underwriting assistants, or other related employees involved in the submission, receipt or evaluation of insurance applications or prospective applications of the insurance companies listed at the bottom of the next page and their reinsurers as well as the Representative and its staff, employees and affiliated companies.

This authorization shall be valid for twelve (12) months from the date signed. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization.

I understand that I may write to the Representative at 21820 Burbank Boulevard, Suite 301, Woodland Hills, CA 91367 to revoke this authorization and that the revocation will take effect when the Representative receives my written request. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I also understand that, to the extent that other law allows an insurance company listed below to contest a claim under an insurance policy or the insurance policy itself, my revocation of this authorization may not be effective.

I understand that if I refuse to sign this authorization, the Representative may not be able to provide full and complete information about the insurance coverage and its cost that may be available to me. I also understand and acknowledge that each of the insurers listed on this form, or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. I understand that my refusal to sign this authorization will not affect my ability to obtain treatment or payment for services, or my eligibility for health care benefits; provided, however, that if a health care service (e.g, a physical exam) is requested solely for the purpose of creating protected health information to be disclosed to a third party, the health care provider may refuse to provide the service if I do not sign this authorization.

Proposed Insured's Name		Proposed Insured's Signature
Date of Birth	Signed and Dated On	At (City, State, Zip Code)
Agent/Witness Signature: _____		
Print Agent/Witness Name: _____		
I authorize the following provider to release my records: _____		
Physician Name: _____		
Address: _____		

AUTHORIZED RECIPIENTS		
Accordia Life and Annuity Company Allianz Life Insurance Company of North America American General Life Insurance Company/AIG American Memorial Life Insurance Company American National Insurance Companies Ameritas Life Insurance Company Ashar Group Asher Group, LLC Assurity Life Insurance Company AXA/Equitable Banner Life Insurance Company Berkshire Life Insurance Company BPP & Associates, LLC Brighthouse Life Insurance Company Brighthouse Life Insurance Company of NY Cincinnati Life Clear Spring Life and Annuity Insurance Company Companion Life Insurance Company Coventry dibrokerWest Diversified Brokerage Services (DBS) EMSI eNoah iSolutions, Inc. Evergreen Exceptional Risk Advisors Express Imaging Services Fidelity and Guarantee Fidelity Security Life Insurance Company Focus 10 Life, Inc. Forethought Life Insurance Company Dr. Robert Frank Genworth Global Atlantic Financial Group	Great American Life Insurance Company Great Western Insurance Company The Guardian Life Insurance Company of America Hanleigh Management, Inc. HCC Specialty Human API Illinois Mutual Life Insurance Company John Hancock LifeCare Assurance Company Life Insurance Company of the Southwest LifeSecure Insurance Company Lincoln Financial Group Mass Mutual MassMutual Ascend Medical Records Now Melville Capital LLC Metropolitan Life Insurance Company and MetLife Investors USA Insurance Company and their affiliates Minnesota Life/Securian Life Mutual of Omaha Insurance Companies Mutual Trust Life Insurance Company National Guardian Life National Life Nationwide Life and Annuity Insurance Company Nationwide Life Insurance Company New York Life North American for Life and Health Oceanview Life and Annuity Company One America Financial Partners, Inc./The State Life Insurance Company Pacific Life & Annuity Company Pacific Life Insurance Company	Pan-American Assurance Company Pan-American Assurance Company International, Inc. Pan-American Life Insurance Company Pan-American Life Insurance Group Peck Financial Penn Mutual Life Peterson International Underwriters PLAN Presidential Life Insurance Company Principal Life Insurance Principal National Life Protective Life Pruco Life Insurance Company Pruco Life Insurance Company of New Jersey Prudential Insurance Company of America Rocky Mountain Security Mutual Life Insurance Company of New York Standard Insurance Company Superior Mobile Medics/Exam One Symetra Life Insurance Company The Savings Bank Life Insurance of Massachusetts Transamerica Insurance & Investment Group United of Omaha Life Insurance Company United States Life Insurance Company in the City of New York Welcome Funds Western National William Penn Life Insurance Company of New York Zurich American Life Insurance Company