

Authorization to Obtain and Disclose Confidential Information

This form is HIPAA Compliant

Proposed Insured's Name	
Date of Birth	Social Security Number

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, and their affiliates, Vanbridge, brokers, contractors, employees, representatives and agents working for or through for purposes of the Proposed Insured applying for or evaluating insurance coverage.

Insurers and Agencies		
21st Services	Great-West Life & Annuity Insurance Co.	Penn Mutual Life
Accordia	Guardian Life	Petersen International UW
Allianz Life	Hanleigh Insurance	Portamedics
American General Life Insurance Co.	HCC/Tokio Marine	Principal National Life Insurance Company
American National Insurance Co.	IDU, Inc.	Principal Life Insurance Company
Americo Financial Life & Annuity	JetStream	Pro Offer (Risk Righter, LLC)
Ameritas	John Hancock Life Insurance Co. (U.S.A.)	ProScan Partners
APPS Paramedical	The Leaders Group, Inc.	Protective Life Insurance Co.
Ashar Group, LLC	Legal & General America	Pruco Life Insurance Co.
AXA Equitable Life Insurance Co.	Liberty Mutual	Prudential Life Insurance Companies
Axcelus Financial	Life of South West	Quest Diagnostics/Exam One
Axonic	Lincoln Financial Companies	RGA Reinsurance Company
Banner Life	Lincoln Life & Annuity Co. of New York	Savings Bank Life Insurance Company of MA
Better Health Advisors	Lincoln National Life Insurance Co.	Securian Financial
Brighthouse Financial	Lloyd's of London	Security Life of Denver
Cincinnati Life	Lombard International	Security Mutual Life
Columbus Life	Massachusetts Mutual	Standard Life
Companion Life Insurance Company	MediProDirect	Sterling Resources
Corebridge Financial	Met Life	Sun Life Financial
Crown Global Insurance Group, LLC	Minnesota Life	Symetra Life Insurance Company
Equitable	Mutual of Omaha	TDC Life
EMSI	National Life of Vermont	The Standard
EPIC	National Western	Transamerica Life Insurance and Annuity Co.
EPICVanbridge	Nationwide Life and Annuity Co. of America	Union Central
ExamOne	New York Life Insurance and Annuity Co.	United of Omaha
Exceptional Risk Advisors	New York Life Insurance Co.	Unum
Express Imaging Services	North American Co.	US Life Insurance Co.
Fidelity & Guaranty Life Insurance Co.	NYLIFE Insurance Co. of Arizona	Vanbridge, an EPIC company
Fidelity Life Association	OneAmerica	Western Reserve Life
General Re Life Corp	Pacific Life and Annuity Co.	William Penn of New York
Global Atlantic	Pan-American Assurance Company	Zurich American Life Insurance Co.
Additional Insurers and Agencies:		

Any medical facility, health plan, health care professional, laboratory, other medical entity, insurance support organization, brokers, financial institution, consumer reporting agency and my employer, to give the information described above to the Insurers and Agencies listed afore and to:

Advisor Name:
Firm Name:
Send to: underwriting@vanbridge.com or mail to Vanbridge, 225 NE Mizner Blvd, Suite 675, Boca Raton, FL 33432

I understand that any Insurer or Agency named afore, its reinsurers, and insurance support organizations, and those persons authorized to represent them may need to collect such information for proposed insurance coverage. The Insurers and Agencies named afore and their reinsurers will use the information in order to determine whether I am insurable or to assist in the application and underwriting process. The insurance producer may also use this information to help update and improve my insurance program.

Authorization to Obtain and Disclose Confidential Information

This form is HIPAA Compliant

The purpose of this Authorization is to assist in the evaluation and placement of my application for insurance. I hereby authorize the release of any and all records and information regarding me, the proposed insured, pursuant to this Authorization. This includes, without limitation, any and all records and protected health information regarding diagnosis, testing, treatment, and prognosis of my physical or mental condition, with the exclusion of psychotherapy notes. Such records and information to be released may include, but are not limited to, facts about my: (1) mental and physical health; (2) alcohol/drug abuse treatment, (3) pharmacy prescriptions, (4) HIV testing and treatment, except where prohibited by law, (5) reproductive healthcare services, (6) sexually transmitted diseases, (7) Sickle Cell testing and treatment, (8) laboratory test results, (9) other insurance coverage, (10) hazardous activities, (11) character, (12) general reputation, (13) mode of living, (14) finances, (15) occupation, and (16) other personal traits. Obtain and use non-health and non-medical information, including but not limited to financial information, credit reports, consumer reports, driving record, criminal record, character, general reputation, personal characteristics or behavioral and lifestyle factors and information about avocations and aviation activity; use all of this information to evaluate an application for insurance, a claim for insurance benefits, or both; use any information relating to communicable diseases and other risk factors relating to me or to my spouse or life partner to evaluate an application for insurance on either me or my spouse or life partner.

I understand that any Insurer or Agency named afore, its reinsurers, and insurance support organizations, pharmacy benefit managers and those persons authorized to represent them may need to collect such information for proposed insurance coverage.

I hereby authorize any medical practitioner, including my primary care physician.

I (we) authorize Vanbridge to release and disclose the information described:

- to its affiliates, insurers, reinsurers, persons or organization providing services relating to insurance underwriting, MIB and as otherwise required by law.
- to release and disclose the information to other duly licensed life insurers if I (we) have applied or apply to the other insurers for insurance.
- to the Life Insurance Representative(s) representing me to duly licensed specific life insurers for the purpose of applying for life insurance if my (our) application is declined or if unable to offer coverage at an acceptable rate.
- to the Life Insurance Representative(s) and its staff, affiliated companies and/or entities, insurance companies and their re-insurers representing me on my (our) application for insurance if it is necessary to provide an explanation of the reasons for a decision to impose special underwriting requirements, whenever my application cannot be approved as submitted, or in connection with a claim for benefits.

I understand that my information will be kept confidential, and will not be disclosed to other persons or organizations without this written permission for the purposes referenced herein, except to the extent that it is necessary for (1) the Insurers and Agencies named afore and their reinsurers and other entities required to conduct business; (2) other insurers to which I have applied or may apply; (3) reinsurers; or (4) other persons whom perform business, professional or insurance services for them. They may also disclose this information as allowed by law. I understand that the Agencies and Insurers listed afore may use secured internet-based systems to store/access some or all of the confidential and personal medical information.

I understand I do not have to sign this authorization in order to obtain benefits (treatment, payment or enrollment). I (we) understand that any information about me (us) 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 underwriting for the possible procurement or the evaluation of life, health, long term care, or other insurance products. During the evaluation of my (our) insurance application, I (we) understand that I (we) have the right to revoke the authorizations in the previous sections (above) by writing to Vanbridge, 225 NE Mizner Blvd, Suite 675, Boca Raton, FL 33432. If this authorization is revoked, this would result in the file being closed and no coverage provided. Agreement is valid for 24 months.

Signature of Authorized Party

Signed at city/state	this	day of	year
----------------------	------	--------	------

Signature of Proposed Insured / Guardian or Custodian / Authorized Representative

Please sign here

Authorization to Obtain and Disclose Confidential Information

This form is HIPAA Compliant

NOTICE TO PROPOSED INSURED

This notice must be given to the proposed insured before or at the time of signature.

Fair Credit Reporting Act Notice

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 (MIB)

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.

Vanbridge and/or the insurance carriers may use this information to make a brief report of your personal health information to MIB. 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: 612.426.3660.

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 appears 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.