



HIPAA DISCLOSURE FORM

Authorization to Obtain and Disclose Information

This Authorization complies with the HIPAA Privacy Rule

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record, prescription history, medications prescribed and any other protected health information concerning me to Becker Financial Services, Inc., its employees, agents or representatives. 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 and the use of alcohol, drugs, and tobacco.

By my signature below, 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 professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This authorization shall remain in force for 12 months following the date of my signature below, and a copy of this authorization is as valid as the original. I may revoke this authorization in writing to Becker Financial Services, Inc. at 12470 N. Rancho Vistoso Blvd. Suite 150, Oro Valley, AZ 85755. I further understand that any information that is disclosed pursuant to this authorization is no longer covered by the federal rules governing privacy and confidentiality of health information and may be disclosed by Becker Financial Services, Inc. to the insurance companies listed on the following page, their reinsures, support organizations, and the authorized representatives of the listed insurance companies.

AUTHORIZED DISCLOSERS:

name of insured signature of insured date

date of birth social security number

name of witness signature of witness date

name of owner (if other than insured) signature of owner (if other than insured) date

name of witness signature of witness date

This application may be executed in as many counterparts as may be required. It shall not be necessary that the signature on behalf of all parties appear on each counterpart and it shall be sufficient that the signature on behalf of each party appear on one or more such counterparts.

Verified by Photo ID?
 Yes No

Complete if minor child is proposed for coverage:

Name of Child: _____

Signature of minor child, if required:

Third Parties:

| | | |
|-------------------------------------|--|---------------------------------|
| 21st Services | EMSI | Life Settlements Solutions |
| Accu-Copy | Exam One | Life Style Ins Services |
| Advanced Settlements | Fasano | Lincoln Benefit Life |
| AIG Annuity | Fidelity & Guaranty (F&G) | Lincoln Financial |
| Alliance, LLC | First Colony Life | Lincoln National Life |
| Allianz | First Penn / Moneyguard | Lincoln Life of New York |
| American Equity | G E Financial Assurance | Lloyd of London |
| American Fidelity | General American | Manulife Financial |
| American General Life / AIG | Genworth | Maple Life |
| American Mayflower | Guardian Life | Mass Mutual |
| American National | Hartford Life | Metlife |
| Amerus / Ameritas | Imperial | Metropolitan Life |
| Ashar | Indianapolis Life & Annuity | Midland National |
| Assurity | Insurance Strategies | Monumental Life |
| AVS Underwriting, LLC | Jefferson Pilot | MONY / Equitable / AXA |
| Baltimore Life | Jefferson Pilot of New York | Mutual of Omaha |
| Banner Life | JMFS, Inc. | Mutual Trust |
| Brokerage Professionals, Inc. | John Hancock | National Western |
| Brokerage Services of America | John Hancock USA (formally Manulife) | Nationwide |
| Chase | John Hancock USA of NY (formally Manulife of NY) | New Generation |
| C M Life Company | Lafayette Life | New York Life |
| Columbus Life | Liberty Life | NFC Affinity Marketing |
| Companion Life | Liberty Mutual | North American Co. L & H |
| Coventry | Life Insurance Settlements, Inc. | North American Co. of NY |
| CPS New Generation | Life of the Southwest | Pacific Life |
| Empire General | Life Settlement Alliance | Pan American |
| Penn Mutual | Safe Harbor, LLC | Transamerica Annuity (Legacy) |
| PFC, Inc. | Scan Tech Solutions | Travelers / Life & Annuity |
| Phoenix Home Life | Security Life of Denver | Trinity Financial Services, LLC |
| Portamedic | Security Mutual Life of NY | Union Central |
| Premier Financial Concepts | Senior Life Settlements, LLC | United National Funding, LLC |
| Presidential Annuity | Settlements for Life | United of Omaha |
| Presidential Life | Sheila Switzer and Associates | USA Annuity |
| Principal Financial | Southland Life | US Financial |
| Prudential / Securities Life Agency | Standard Insurance | Viking Life Agency, LLC |
| RBC | Stone Street Financial | Welcome Funds |
| ReliaStar / ING | Sun Life Financial / Keyport | West Coast Life |
| ReliaStar of New York | Symetra | William Penn |
| Rumson Group | Transamerica | |