AUTHORIZATION

This Authorization is HIPAA compliant

Proposed Insured

Date of Birth Social Security #

Purpose

The purpose of this HIPAA Authorization (the "Authorization") is to permit Legacy Advisor Network and its affiliates to obtain non-public personal information about me, the Insured named above, for the purposes of (1) to determine my eligibility for and obtaining insurance products and services from one or more of the insurance carrier or other entities; (2) to monitor, track, or verify my health or medical status and condition in connection with any life insurance policy under which my life is insured, including any conversions thereof or replacements therefore; and (3) to develop and use indices that do not personally identify individuals related to actual and anticipated longevity, mortality, life expectancies, and/or similar measures.

Information to be Released

The term "Information" as used in this Authorization refers to the information to be released pursuant to this Authorization including but not limited to any non-public personal, financial, health information, records or data concerning my past, present or future mental, physical or behavioral health or condition ("Information"), to the extent permitted by law.

Specifically, Information includes all information, records or data relating to my: physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances; occupation; avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits. The term Information does not include psychotherapy notes.

I understand that this Information may include results from blood, saliva, urine and other tests.

I further understand that this Information may, if applicable, include information regarding diagnosis, prognosis and treatment of: alcohol or drug abuse (including records protected under federal law, 42 CFR Part 2); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person (an Authorized HCP) that has Information about me to disclose any and all Information to Legacy Advisor Network and its agents and representatives. I also authorize my Agent, named below, to receive Information to assist in the purpose of this Authorization to the extent permitted by law. I understand that Information disclosed to Legacy Advisor Network may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to Legacy Advisor Network, it may no longer be subject to those laws and regulations. I understand that no Authorized HCP or covered entity may condition my treatment, payment, enrollment, or eligibility for benefits on whether I sign this Authorization. A photocopy of this Authorization shall be as valid as the original. I will receive a copy of this Authorization. I hereby further authorize Legacy to deliver, disclose, give, provide, and release any and all Information in connection with the placement of a life insurance policy or related product to any insurance carrier or other entity for the purposes of health or medical information review or underwriting. A partial list has been provided of such insurance carriers and other entities on page 2 of this form.

Right to Revoke Authorization

This Authorization shall be effective for two (2) years after the date signed below. I acknowledge and understand that I may revoke this Authorization any time with respect to any Authorized HCP by notifying such Authorized HCP in writing of my revocation of this Authorization and delivering my revocation by mail or personal delivery at such address designated to me by such Authorized HCP, provided that, any revocation of this Authorization shall not apply to the extent that the Authorized HCP has taken action in reliance upon this Authorization prior receiving written notice of my revocation

Proposed Insured's Signature (or that of Authorized Representative) Date

Print Name of Proposed Insured

If signed by Authorized Representative of Proposed Insured, describe authority, e.g., parent or guardian of minor child

Print Name of Agent

Legacy
ADVISOR NETWORK

Patient Name **Date of Birth** **SSN#**

Information to be released from:

Name of designated facility or provider

Address

City, State, Zip, Phone/Fax

Information to be released to:

Legacy Advisor Network c/o Kayla Emberson

Name of designated recipient

2970 Chapel Valley Road, Suite 101

Address

Madison, WI 53711 **608-442-4264/608-442-1444**

City, State, Zip, Phone/Fax

Information to be released: ☐ Most recent five years of patient records (chart notes, labs, x-rays, and special tests) ☐ Specific Information (please specify): _____

Purpose for which disclosure is being made: ☐ Insurance ☐ Attorney ☐ Doctor ☐ Personal

Patient Authorization: I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

Exclude the following information from the records released:	Drug /Alcohol Abuse/treatment & diagnosis	Sexually transmitted disease	HIV / AIDS diagnosis/treatment/ testing	Mental illness or psychiatric diagnosis/ treatment

Signature (Patient / Guardian* / Authorized Representative) Date

*Please provide documents to prove authority to sign on behalf of this patient.

We represent

A-Group	AXA	iGroup	Met Life	Secura Consultants
Accordia	Banner	Illinois Mutual	Minnesota Life	Standard
Advantage Insurance Network	Cincinnati Life	ING / Reliastar Life / SLD	NFG	State Life
AdvisorNet Insurance	Creative Marketing	John Hancock	North American	Sun Life
AIG Partners	Crump	Lafayette Life	One America Companies	Summit Alliance
American Financial	Financial Independence Group	Lincoln Benefit	Pacific Life	TransAmerica
American General	Genworth Life & Annuity	Lincoln Financial	Phoenix	West Coast
AMZ	Guardian Insurance	LTCi Partners	Principal	What Matters for Life, LLC
Assurity	IBU	Mass Mutual	Prudential Financial	***Other carriers as needed