

# M&M Brokerage Services, Inc.

555 Madison Avenue, 21<sup>st</sup> Fl. New York, NY 10022. Phone: (212) 767-7300

Authorization for Release of Health-Related Information to M&M Brokerage Services, Inc.  
This authorization complies with the HIPAA Privacy Rules

<u>Name of Proposed Insured</u>	<u>/ /</u> <u>Date of Birth</u>	<u>- -</u> <u>Social Security Number</u>
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I authorize any health plan, physician, health care professional, hospital clinic, laboratory, pharmacy, medical facility, prescription benefit manager, or other health provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record, prescription drug information, and any other protected health information concerning me to M&M Brokerage Services, Inc. and its agents, employees, and 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, but excludes psychotherapy notes. I further authorize The Company to redisclose any protected health information concerning me to The Company's reinsurers and to MIB, Inc., which operates an information exchange on behalf of life and health insurance companies.

By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical record without restriction.

My protected health information is to be disclosed under this Authorization so that the companies listed below may 1) underwrite my application for coverage by making eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with any Company, including Premium Financing and Life Expectancy Evaluation.

This authorization shall remain in force for 30 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to M&M Brokerage Services, Inc. at 555 Madison Avenue, 21<sup>st</sup> Floor, New York, NY 10022. I understand that a revocation is not effective if any of My Providers has relied on this authorization or to the extent that The Company has a legal right to contest a claim under insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

## Authorization to Release Information to M&M Brokerage Services, Inc. and the following Companies Working With M&M Brokerage Services, Inc.

AIG Life	Genworth	National Life / LSW	Sun Life of Canada
Allianz	Guardian	Nationwide Insurance Co.	Total Financial
American General	Hartford Life	New York Life	Transamerica Life Insurance Co/TLIC
American National	HGW Exams	North American Company	Transamerica Financial Life Ins. Co/TFLIC
A.V.S.	ING/Reliastar	Pacific Life Insurance Co.	Union Central
AXA	John Hancock	Parameds.com	United States Life Insurance Co.
Aviva	Lincoln Benefit Life	Penn Mutual	United of Omaha
Banner Life	Lincoln Life Insurance Co	Phoenix Home Life	UNUM Provident
C2-Advisors	Mass Mutual	Principal Financial Group	West Coast Life
CLM Agency	Metropolitan Life Insurance Co.	Protective	William Penn of New York
EMSI	Midland National Life	Prudential Insurance Co	21st Services
FICC	Minnesota Life / Securian	Security Mutual Life	Zurich

Signature of Proposed Insured/Patient or Personal Representative

Date

Proposed Insured address

Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient

Last Updated 01/27/2012