

M&M Brokerage Services, Inc.

555 Madison Avenue, 21st 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

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Name of Proposed Insured	Date of Birth	Social Security Number

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, 21st 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.

Accordia/Athene	FICC	New York Life	Security Life Of Denver Ins. Co.
AIG Life	Genworth companies	North American	Security Mutual Life
Allianz	Guardian	Pacific Life Insurance Co.	Symetra
American General	Jetstream	Parameds.com	Transamerica Life Insurance Co/TLIC
American National	John Hancock	Penn Mutual	Transamerica Financial Life Ins. Co/TFLIC
APPS	Lincoln Life Insurance Co	Phoenix Life	United States Life Insurance Co.
AXA	Mass Mutual	Principal Life Insurance	UNUM Provident
Banner Life	Metropolitan Life Insurance Co.	Principal National Life	VOYA/ReliaStar
C2 Advisors	Minnesota Life /Securian	Protective Life	William Penn
CLM Agency	Mutual of Omaha/Companion	Prudential Insurance Co	21st Services
EMSI	National Life /LSW	Royal Neighbors Life	Zurich
F&G	Nationwide Insurance Co.	SBLI (Savings Bank Life Ins.)	

Signature of Proposed Insured/Patient or Personal Representative	Date

Proposed Insured address

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