Authorization for Release of Health Related-Information

_____ _____/_____/_____

Name of Proposed Insured/Patient (First, Middle, Last) **Date of Birth**

I hereby authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to National Insurance Brokerage, LLC (NIB, LLC) and its agents, employees and representatives. This includes any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition. Such records and information to be released may include, but are not limited to, the following: alcohol or drug abuse treatment, psychiatric treatment (but not psychotherapy notes), pharmacy prescriptions, HIV testing and treatment, STD tests and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKGs.

By signing below, I amend my 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 to NIB, LLC.

My protected health information is to be disclosed under this Authorization so that NIB, LLC may disclose this information to the insurance companies below for the following purposes: 1) underwrite my application for coverage by making eligibility, risk rating, policy certificate issuance and enrollment determinations; 2) administer claims and determine or fulfill responsibility for coverage and provision of benefits; and 3) conduct other legally permissible activities that relate to any coverage I have or have applied for with an insurance company. NIB, LLC does not make insurance approval decisions.

Insurance companies with whom we may share the information:

Allianz	Companion Life	Mass Mutual	New York Life	Pan American
American-General	Genworth	MetLife	North American	Pan American Assurance
American National	Guardian	Minnesota Life	Principal Life Ins Co	Protective/ NY
Americo	ING	Mutual of Omaha	Principal Nat'l Life Ins Co	Prudential
AIN	John Hancock USA/NY	Nationwide	Penn Mutual	Symetra
Aviva/Accordia (+NY)	Lincoln Financial Group	NIB, LLC	Petersons International	Other _____
AXA	Zurich	Transamerica	Phoenix	Transamerica
L&GAmerica		Family Markets		(TLIC/TFLIC)

This Authorization will remain in effect a maximum of twenty-four (24) months, or for the greatest time frame allowed under applicable state laws, rules or regulations, following the date of my signature below and a copy of this Authorization is as valid as the original. I understand I have the right to revoke this Authorization in writing at any time, by sending a written request of revocation to: NIB, LLC 2101 Park Center Drive, Orlando, FL 32835, but that my revocation will not be effective until it is received by My Providers. I understand that this revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that an insurance company has the legal right to contest a claim under an insurance policy/certificate or the contest the policy/certificate itself. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I understand that if I refuse to sign this Authorization, the insurance companies may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I acknowledge I have received a copy of this Authorization.

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Signature of Proposed Insured/Patient or Personal Representative **Date**

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

National Insurance Brokerage, LLC
2101 Park Center Drive | Suite 210 | Orlando | FL 32835
Email newbusiness@niblife.com fax 407-455-7765