



## Authorization for Release and Disclosure of Health Information

*(complies with all HIPAA privacy rules and regulations)*

\_\_\_\_\_  
*Printed Full Name of Proposed Insured*

\_\_\_\_\_  
*Date of Birth*

I hereby authorize any Critical Illness, Disability, Life, Health, Long-Term Care and Annuity insurance company, their Re-Insurers, insurance support organizations such as the Medical Information Bureau, Inc. and/or consumer reporting agency, 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 (herein referred to as "My Providers") to disclose my entire medical record and any other protected health information concerning me to The Ark Group, its employees and those persons or entities providing services to The Ark Group. This includes but is not limited to information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, mental illness (excluding psychotherapy notes), and the use of alcohol, drugs and/or tobacco.

My protected health information shall be disclosed under this authorization so that The Ark Group may assist in:

1. underwriting of my application for coverage, including eligibility, risk rating, policy/certificate issuance and enrollment determinations;
2. obtaining reinsurance consideration;
3. administering claims and determining or fulfilling responsibility for coverage and provision of benefits;
4. administering coverage; and
5. conducting other legally permissible activities that relate to any coverage I have or have or may applied for.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written revocation request to The Ark Group. I further understand that a written revocation is not effective to the extent that the company has a legal right to contest a claim under an insurance policy or to contest the policy/certificate itself. I understand that any information disclosed pursuant to this authorization may be re-disclosed and is no longer covered by certain federal rules governing privacy and confidentiality of health information.

I understand and accept 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 Ark Group may not be able to process my application. I acknowledge that I will receive a copy of this authorization upon my request.

By my signature below, I instruct My Providers to release and disclose my entire medical record without restriction.

\_\_\_\_\_  
*Signature of Proposed Insured*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Description of personal representative agent's authority/relationship to Proposed Insured*

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Printed Name of Agent*

I understand that the insurance companies named below, their reinsurers, any insurance support organizations and the authorized representatives of these companies may need to collect information on me in regard to proposed insurance coverage.

Accordia Life	Companion Life & Companion NY	Lafayette Life	Omaha Insurance	United World
AETNA (Continental Life, American Continental)	EquiTrust	Legal & General America	One America/State Life	US Life NY
American General/US Life	Fidelity Life	Lincoln Life & Ann of NY	Petersen International	Voya (ING/Reliastar Life),
American National Life	Forethought Annuities	Lincoln National Life,	Principal Life, Principal NY	Voya NY
Ameritas	Genworth Life & Annuity,	Lincoln National of NY	Protective Life	Washington National
Assurity Life	Genworth Life of NY	Lloyd's of London	Prudential Life	
Athene	Guggenheim	Met Life Investors,	Security Life of Denver	
AXA Equitable	Houston Casualty Co	MetLife NY	Standard	
Bankers Fidelity	Illinois Mutual Life	Metropolitan Life	Symetra	
Banner Life	John Hancock Life, John	Minnesota Life	Transamerica Life,	
Cigna	Hancock USA/NY	Mutual of Omaha	Transamerica NY	
Colonial Life	Kempers	Nationwide	United of Omaha Life	
		North American	UNUM	