



OUR GOAL IS YOUR LEGACY EST. 2008 SHAKOPEE, MINNESOTA

Health Insurance Portability and Accountability Act (“HIPAA”)
This Authorization is HIPAA compliant

Proposed Insured: _____

Date of Birth: _____ Social Security #: _____

Purpose:

The purpose of this authorization is to permit CBS Brokerage to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions listed on the bottom portion of this document or for any other matter related to exercising the owner’s rights under one or more existing insurance policies. Information that may be released to and disclosed to CBS Brokerage and the carriers listed on the bottom portion of this document pursuant to this authorization shall include any and all Information, to the extent by applicable law.

Information to be Released:

The information to be released pursuant to this Authorization includes any personal health information, records or data concerning my past, present, or future mental, physical or behavioral condition (“Information”), to the extent permitted by the 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.

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 of infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization:

I authorize a physician or other medical practitioner, and 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 that has information about me to release such information to CBS Brokerage and it’s authorized representatives.

I specifically authorize the companies listed on the bottom portion of this document to receive Information from and release Information to CBS Brokerage. I also specifically authorize CBS Brokerage and the carriers listed on the bottom portion of this document to release Information about me to their reinsurers, underwriters, or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release Information directly to any Carrier listed at the bottom portion of this document, upon such insurer’s request, provided the insurer is a member of the MIB.

I understand that information disclosed to CBS Brokerage may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to CBS Brokerage, it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, CBS Brokerage may not be able to process my request.

A photocopy of this Authorization shall be as valid as the original.

This authorization shall be effective for twelve months after the date signed below, unless revoked by me in writing and a written notice of the revocation is provided to CBS Brokerage at 500 Marshall Rd, Suite 200; Shakopee, MN 55379. Any action taken in reliance on this Authorization prior to the notice of the revocation shall be valid.

Signed at _____ this _____ day of _____, 20 _____

Signature of Proposed Insured _____

Witness _____

- Allianz, American General, American Equity, American National, Americo, Assurity Life, Athene, AXA Equitable, Banner Life, Brighthouse Financial, Columbian Life, Equitrust, Exceptional Risk Management, Fidelity & Guarantee (F&G), Fidelity Security Life (FSL) Foresters, Forethought, Gerber Life, Global Atlantic (Accordia), Guardian Life, Hanleigh, John Hancock, Illinois Mutual, Laboratory Results, Liberty Life, Life Ins. of the South West, Lincoln Financial Group, Lloyds of London, Minnesota Life / Securian Life, National Guardian Life, National Life Group, Nationwide, New York Life, Mutual of Omaha/ United of Omaha, One America, Oxford Life, Pacific Life, Pacific Life (Lynchburg Office), Petersons, Pharmacy, Pharmacy Benefit Manager, Principal Life, Protective Life & Annuity, Reliance Standard, Risk Righter, SBLI, Sagacor Life Insurance Company, Security Mutual, Symetra Life, The Standard, Transamerica