



**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.

- |                          |                            |                           |                         |
|--------------------------|----------------------------|---------------------------|-------------------------|
| Allianz                  | Fidelity Life              | Lincoln Life & Ann of NY  | Protective Life         |
| American General/US Life | First MetLife Investors NY | Lincoln National Life     | Prudential Life         |
| American National Life   | Genworth Life & Annuity    | MetLife Insurance Co. USA | Security Life of Denver |
| Ameritas                 | Genworth Life of NY        | Metropolitan Life         | Symetra                 |
| Assurity Life            | Illinois Mutual Life       | Minnesota Life            | Transamerica Life       |
| Accordia Life            | Voya Financial             | Mutual of Omaha           | Transamerica Financial  |
| Athene Life & Annuity    | John Hancock Life          | Nationwide                | United of Omaha Life    |
| AXA                      | John Hancock USA/NY        | North American            |                         |
| Banner Life              | Lafayette Life             | Petersen International    |                         |
| Companion Life           | Legal & General America    | Principal Life            |                         |