



THE C.O.R.E. GROUP

CENTERED ON RELATIONSHIP ENHANCEMENT

HIPAA Authorization Release of Health-Related Information

AUTHORIZATION:

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care 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 history, medications prescribed and any other protected health information concerning me to the insurance or reinsurance companies named below. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to The C.O.R.E. Group/C.O.R.E. Marketing (C.O.R.E.). 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.

Accordia	F&G Life	National Western Life	Royal Alliance
Avantax	Forethought	Nationwide	SBLI
Aegon	Genworth Financial	NBC Securities	Standard Life
AIG	Gerber Life	New York Life	Symetra
Allianz Life	Global Atlantic	North American	Transamerica
American General	Insource	Northwestern Mutual	United of Omaha
American National	Integrity Life	Ohio National	United Planners
Assurity	John Hancock	One America	William Penn
AXA Equitable	Hilltop Securities	Pacific Life	Zurich Kemper
Baker Birdwell	IDA Underwriting	Penn Mutual	1st Global
Banner Life	Layfayette Life	Principal Life	The Plus Group
Betcher Financial	Lincoln Financial	Protective	Western Int'l Securities
Brighthouse Financial	Mass Mutual	Prudential	
Columbus Life	Minnesota Life	Reliance Standard	

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose my entire medical file without restriction.

This protected health information is to be disclosed under this Authorization so that C.O.R.E. may 1) expedite underwriting my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; and 3) conduct other legally permissible activities that relate to any coverage I have or have applied for through C.O.R.E.

This authorization shall remain in force for 24 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 providing written notification to C.O.R.E. at the below address. I understand that a revocation is not effective to the extent that any of My Providers has already relied on this Authorization to disclose information about me or to the extent that C.O.R.E. has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information.



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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 further understand that if I refuse to sign this authorization to release my complete medical record, C.O.R.E. may not be able to process my application. I understand that any authorized representative or I will receive a copy of this authorization upon request.

WAIVER & ACKNOWLEDGEMENT:

This waiver and acknowledgement has been signed on the date set forth below by the undersigned in favor of C.O.R.E., its successors, assignors and employees.

Applicant acknowledges, understands and agrees as follows:

- ▶ Applicant has filed an application with C.O.R.E. intending to secure life insurance from one or more insurance underwriters.
- ▶ In the course of applying for life insurance, C.O.R.E. has asked for and received information concerning applicant's medical condition and history, as well as other information that is of a personal and confidential nature.
- ▶ C.O.R.E. will provide that information, or parts of it, to a number of potential insurers and their agents, employees and representatives.
- ▶ C.O.R.E. cannot control the use, dissemination, publishing or interpretation of the information once that information is gathered by an Insurer or related company.
- ▶ Applicant will hold harmless from and against any unauthorized access to or use of, by any person or company, any information pertaining to applicant in C.O.R.E.'s possession.
- ▶ Even though C.O.R.E. has in place security measures, C.O.R.E. believes appropriate to protect the information from unauthorized access and use, and even though C.O.R.E. will continue to upgrade those security measures as needed, C.O.R.E. can make no guarantee as to C.O.R.E.'s ability to protect the information from unauthorized access.

Signed at _____, _____ this _____ day of _____, _____.
city state month year

Name of Proposed Insured/Patient (Please print or type)

Client DOB (xx/xx/xxxx/)

Signature of Proposed Insured/Patient

Witness

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