



1055 RXR Plaza
Uniondale, NY 11556

AUTHORIZATION FOR RELEASE OF HEALTH RELATED INFORMATION
THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULES

Patient Name:

Date of Birth:

SSN:

| Name, Address & Phone Number | Reason for Treatment | Most Recent Visit |
|--|----------------------|-------------------|
| Primary Care Physician | | |
| | | |
| Other physicians or hospitals providing treatment in the past 10 years | | |
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This authorization is for the Release of Health-Related Information to The Hilb Group of NY, LLC dba Rampart Agency

My Providers are any health plan physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefits manager or other health care provider that has provided payment, treatment or services to me or on my behalf. This includes psychotherapy care. My Protected Health Information is my entire medical record and other health information. It includes information such as: the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection, sexually transmitted diseases and mental illness; the use of alcohol, drugs, and tobacco; and psychotherapy notes.

I authorize my Providers to disclose my Protected Health Information to the above-named company or person(s); their agents, employees, representatives, and providing facilities.

By signing below: 1) I acknowledge that any agreements I make that restrict my Protected Health Information do not apply to this authorization; and 2) I instruct My Providers to release and disclose my Protected Health Information without restriction.

This Protected Health Information is to be disclosed under this Authorization so that the above named may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or provide coverage and benefits; 4) administer coverage; and 5) conduct other activities that are allowed or required by law and relate to any coverage I have or have applied for with the above named. This authorization shall remain in force for 30 months following the date below. A copy of this Authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time by doing so in writing and presenting the written revocation to the above named. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to an insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer protected by the Health Insurance Portability and Accountability Act, but will be protected by other applicable federal and state laws relating to the protection of personal information.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. 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 Protected Health Information, the above named may not be able to assist me in processing my application.

I acknowledge that I have received a copy of this Authorization.

SIGNATURE OF PROPOSED INSURED

DATE

| AUTHORIZED INSURANCE CARRIERS | | | | | |
|-------------------------------|-------------------|-------------------------|------------------------|-----------------|-----------------|
| ACCORDIA | COLUMBUS LIFE | LEGAL & GENERAL AMERICA | NATIONAL GUARDIAN LIFE | PACIFIC LIFE | SECURIAN |
| ALLIANZ | COREBRIDGE | LINCOLN FINANCIAL | NATIONAL LIFE | PRINCIPAL LIFE | SECURITY MUTUAL |
| AMERICAN NATIONAL | EQUITABLE | LLOYDS OF LONDON | NATIONWIDE | PROTECTIVE LIFE | SYMETRA |
| AMERITAS | FIDELITY SECURITY | MASS MUTUAL | NEW YORK LIFE | PRUDENTIAL | THE STANDARD |
| ASSURITY | GLOBAL ATLANTIC | MINNESOTA LIFE | NORTH AMERICAN | RAMPART LIFE | |
| CINCINNATI LIFE | JOHN HANCOCK | MUTUAL OF OMAHA | ONE AMERICA | SBLI | |