

# new west insurance

A Principal Office of Insurance Designers

Name of proposed insured/patient (please print)

Date of Birth

SS#

I authorize any 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 within the past 20 years ("My Providers") to disclose my entire medical record and any other protected health information concerning me to New West Insurance, LLC and its carriers, agents, employees and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), all communicable diseases 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.

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 any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that New West Insurance, LLC 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 fulfill responsibility for coverage and provision of benefits; 4)administer coverage; and 5)conduct other legally permissible activities that relate to any coverage I have or have applied for with any of the insurance carriers listed below and to permit access to support entities in pursuit of these permissible activities.

This authorization shall remain in force for 30 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 sending a written request for revocation to New West Insurance, LLC at 515 North River Street, Suite D., Hailey, Idaho 83333 and the health care facility. I understand that a revocation is not effective to the extent that any of My Providers have claim under an insurance policy or to contest the policy itself. The revocation will have no effect on records already released with reliance upon the authorization. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

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, New West Insurance, LLC may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

Signature of Proposed Insured/Patient or Personal Representative

Date

AIG Life Insurance

Accordia

Allianz Life

American General Life Insurance Companies

American General Life Insurance Companies NY

American Mayflower Life Insurance Company NY

American National Insurance Company (ANICO)

Ameritas

AmerUs Life Insurance Company

Ashar Group Settlements

Assurity

Athene

AVS

Bankers Life Insurance Company of NY

Banner Life Insurance Company

Brighthouse Financial

Canada Life Annuity

Canada Life Assurance Company

Canada Life Assurance Company of NY

CMS

Columbus Life Insurance Company

Companion Life Insurance Company of NY

Comprehensive Insurance Programs

Conseco Annuity

Coventry First

Credit Suisse

Equitable

First Heartland Companies

First Penn

FFR Advisory

Gerber

Genworth (GE) Life and Annuity

General Life Insurance Company

Global Atlantic

Guardian

Guarantee Trust Life Insurance Company

Habersham Funding, LLC

Hartford Life and Annuity

Hartford Life Insurance Company

Integrity Life Settlements

John Hancock Financial Services

Lafayette Life

Life Insurance Settlements

Life Insurance Company of the Southwest

Lifestyle Insurance Services

Life Insurance Company of the Southwest

Lincoln Benefit Life Insurance Company

Lincoln Financial Distributors

Lincoln Financial Group

Lombard International

Massachusetts Mutual Life Insurance Company

Met Life

Metropolitan Life Insurance Company/New England

Midland Life Insurance Company

Minnesota Life

Mutual of Omaha

National Life Group

National Life of Vermont

Nationwide Life Insurance Company

New England Life Insurance Company

New York Life Insurance Company

New York Life Insurance Co. & Annuity Corp North

American Company for Life and Health

North American of NY

Ohio National

Old Line Life

Old Mutual Financial Network

OneAmerica

Pacific Life

Pan American

Penn Mutual

Phoenix Home Life

Premium Funding Group

Principal National Life Insurance Company

Principal Life Insurance Company

Principal Financial Group

Protective Life Insurance Company

Prudential Financial Insurance Company

ReliaStar Life Insurance Company

ReliaStar Life Insurance Company of NY

Savings Bank Life Insurance

Sage Financial

Securian Financial

Security Life of Denver Insurance Company

Security Mutual Life Insurance Company

Settlement Masters

State Life Insurance Company

Sun Life of Canada

Symetra

The Standard

Transamerica Life Insurance Company

Twenty First Financial

United of Omaha Life Insurance Company

US Life Insurance Company in the City of

NY US Financial

VOYA

Welcome Funds

West Coast Life

Western Reserve Life

William Penn Life Insurance Company of NY

Zurich Kemper Life Insurance Company

Zurich Life of New York

Zurich American Life Insurance Company