BDLife212°
the extra degree

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AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

HIPAA COMPLIANT

Name of Proposed Insured patient *(please type or print)* Date of Birth

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 companies and/or settlement companies named below. 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 metal 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 the insurance companies and/or settlement companies named below 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 the insurance and/or settlement companies maned below.

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 providing written notification to the Office of the President of BDLife212, LLC, 1800 West Loop South, Suite 1980 A, Houston, TX 77027. 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 the insurance and/or settlement companies named below have 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, but it will not be re-disclosed by the insurance companies and/or settlement companies named below except as authorized by me or as required by law.

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 or release my complete medical record, the insurance and/or settlement companies named below may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

American General Life (AIG)
American National
Ameritas
AVIVA
AVS
AXA Equitable Life Insurance Co.
Banner Life Insurance Company
BDLife212, LLC
Columbus Life
Credit Suisse
Credit Suisse Securities LLC
First Global Financial & Insurance Services
General American Life Insurance Co.
Indianapolis Life
John Hancock Life
Lincoln Benefit Life
Lincoln Financial
Lincoln Life
Manufacturers Life Ins. Co. (USA)
Manufacturers Life Ins. Co. of America
Massachusetts Mutual
Metropolitan Life
MONY—Equitable/AXA
New Your Life
North American
Northwestern Mutual
Ohio National
Pacific Life & Annuity
Phoenix Life
Presidential Life
Principal Financial
Protective Life
Prudential Life
ING/ReliaStar Life of New York
ING/ReliaStar/Security Connecticut Life
ING/Security Life of Denver
Sun Life Insurance Co. of America
Sun Life Insurance Co. of Canada
The New England
Transamerica Occidental Life Companies
Travelers Life & Annuity
United Of Omaha
USG Annuity & Life
Union Central Life
West Coast Life

Signature of Proposed Insured/Patient or Personal Representative Date

Description of Personal Representative's Authority or Relationship to Patient