

Network Partners Int'l, LLC

535 Fifth Avenue, Suite 1012. New York, NY 10017. Phone: (212) 767-7419

Authorization for Release of Health-Related Information to Network Partners Int'l, LLC.
This authorization complies with the HIPAA Privacy Rules

<u>Name of Proposed Insured</u>	<u>/ /</u> <u>Date of Birth</u>	<u>- -</u> <u>Social Security Number</u>
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I authorize any health plan, physician, health care professional, hospital clinic, laboratory, pharmacy, medical facility, prescription benefit manager, or other health 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 drug information, and any other protected health information concerning me to Network Partners Int'l, LLC. and its agents, employees, and representatives. 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. I further authorize The Company to redisclose any protected health information concerning me to The Company's reinsurers and to MIB, Inc., which operates an information exchange on behalf of life and health insurance companies.

By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical record without restriction.

My protected health information is to be disclosed under this Authorization so that the companies listed below may 1) underwrite my application for coverage by making 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 Company, including Premium Financing and Life Expectancy Evaluation.

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 Network Partners Int'l, LLC. at 535 Fifth Avenue, Suite 1012, New York, NY 10017. I understand that a revocation is not effective if any of My Providers has relied on this authorization or to the extent that The Company has a legal right to contest a claim under insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

Authorization to Release Information to Network Partners Int'l, LLC. and the following Companies Working With Network Partners Int'l, LLC.

Accordia Life / Global Atlantic	Guardian	Pacific Life Insurance Co.	Transamerica Financial Life Ins. Co/TFLIC
AIG Life	Illinois Mutual	Parameds.com	United States Life Insurance Co.
Allianz	Jetstream	Penn Mutual	UNUM Provident
American General	John Hancock	Phoenix Life	VOYA/ReliaStar
American National	Lincoln Life Insurance Co	Principal Life Insurance Co.	William Penn
APPS	Mass Mutual	Principal National Life	21st Services
AXA	Minnesota Life /Securian	Protective Life	Zurich
Banner Life	Mutual of Omaha/Companion	Prudential Insurance Co	
Brighthouse Financial	National Life /LSW	SBLI (Savings Bank Life Ins.)	
EMSI	Nationwide Insurance Co.	Security Life Of Denver Ins. Co.	
FICC	New York Life	Security Mutual Life	
Gerber Life	North American	Symetra	
Genworth Companies	One America/State Life	Transamerica Life Insurance	

Signature of Proposed Insured/Patient or Personal Representative **Date**

Proposed Insured address

Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient
Last Update 12/05/2017