



2101 Park Center Drive ♦ Suite 210 ♦ Orlando, FL 32835
 800-291-7985 ♦ 407-902-2529 ♦ Fax: 407-902-2530
www.niblfe.com



Information Practices

Investigative Consumer Report

In addition to requesting a report from MIB, as a part of our underwriting process we or one of the insurance companies listed below may request an investigative consumer information report to confirm and supplement the information about your general health, employment and occupation, finances, smoking habits, and hazardous activities. Such a report may also cover your mode of living, except as may be related directly or indirectly to your sexual orientation, but including alcohol and drug use, general reputation, and driving record. Some of this information may be obtained through personal interviews with you or your family, friends, associates, or others with whom you are acquainted. If a consumer information report is requested, you may request to be personally interviewed if you can be contacted during normal business hours. An interview is normally conducted, but you are entitled to make a specific request. We keep such information reports confidential and use them only to evaluate and underwrite your application. You have a right under the Fair Credit Reporting Act to make a written request to inspect and obtain a copy of a consumer information report. If we request a report and the report has an adverse effect on your insurability, we will notify you in writing and give you the name and address of the reporting company.

Disclosure of Information

We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer data bases secure and to safeguard the information we have.

We may disclose personal information about you without prior authorization under certain circumstances. For example, we may disclose information about you to persons or organizations to allow such persons or organizations to perform a business, professional, or insurance function for us, or an insurance support organization, or to provide information to determine eligibility for insurance benefits or detect fraud, misrepresentation, or material non-disclosure. We may give information to accounting firms performing audits, governmental agencies reviewing our practices, or attorneys hired to protect our legal interest.

Information may be disclosed to reinsurance companies or another insurance company to which you have applied for coverage or benefits. Information may be furnished your agents to aid them in providing adequate service to you. Other disclosures may be made as permitted or required by law.

We may also disclose information to medical professionals where required by law for the purpose of informing you of a medical problem of which the you may not be aware or to persons or organizations for the purpose of conducting research including actuarial, marketing, and underwriting studies. This may include various insurance industry groups that conduct studies about risk experience or medical backgrounds of insured lives.

No medical record information or personal information relating to your character, personal habits, mode of living, or general reputation will be released to anyone who receives personal information for purposes of marketing a product or service.

You Can View and Correct Your Information

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside National Insurance Brokerage, LLC.

If you want to know more about our privacy policy, please contact us at National Insurance Brokerage, LLC. Compliance Department, 2101 Park Center Drive ♦ Suite 210 ♦ Orlando, FL 32835

Proposed Insured Initials: _____ Date _____

Allstate	ING	Principal Life Ins Co/Principal National Life In Co
Allianz	ING USA Annuity & Life Ins	Protective Life/Protective Life of NY
American General Life	John Hancock Fin Services	Presidential Life Ins Co
American National Ins Co	John Hancock NY	Prudential Financial
Advanced Settlements	John Hancock USA	ReliaStar Life Insurance Company
APPS.com	Lincoln Benefit Life Ins Co	ReliaStar New York
AXA (Equitable)	Lincoln Financial	Security Life of Denver
Aviva/Indianapolis Life	Lincoln Life & Annuity of NY	Symetra
EMSI	Mass Mutual	US Life
Exam One	Metlife Investors/Met Life	Union Central
First MetLife Investors of NY	Minnesota Life	West Coast Life
Genworth	Nationwide	Mutual of Omaha/United of Omaha
Genworth Life Ins Co of NY	North American Company	Transamerica Life Insurance Company/TLIC
Guardian Life Ins Co	New York Life	Transamerica Financial Life Ins Company/TFLIC
Investors Ins Corp	PARAMEDS.COM	
Illinois Mutual	Phoenix Life Insurance	



Authorization to Obtain Life Insurance This Authorization is HIPAA compliant.

Proposed Insured: _____

Date of Birth: _____ Social Security #: _____

Purpose:

The purpose of this Authorization is to permit National Insurance Brokerage, LLC to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions listed on page 2. Information that may be released to and disclosed by National Insurance Brokerage, LLC and the Companies listed on page 2 pursuant to this Authorization shall include any and all Information, to the extent permitted by applicable law.

Information to be released:

The information to be released pursuant to this Authorization includes any personal health information, records or data concerning my past, present or future mental, physical or behavioral health or condition ("Information"), to the extent permitted by law.

Specifically, Information includes all information, records or data relating to my: physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances; occupation; avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits. The term "information" does not include psychotherapy notes.

I understand that this Information may include results from blood, saliva, urine and other tests. I further understand that this Information may, if applicable, include information regarding diagnosis, prognosis and treatment of: alcohol or drug abuse (including records protected under federal law, 42 CFR Part 2); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization:

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has Information about me to release such Information to National Insurance Brokerage, LLC and its authorized representatives.

I specifically authorize the Companies listed on page 2 to receive Information from and to release Information to National Insurance Brokerage, LLC. I also specifically authorize National Insurance Brokerage, LLC and the Companies listed on page 2 to release Information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release Information directly to any Company listed on the next page, upon such insurer's request, provided the insurer is a member of MIB. *

I understand that Information disclosed to National Insurance Brokerage, LLC may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to National Insurance Brokerage, LLC, it may no longer be subject to those laws and regulations. I also authorize my Agent, named below, to receive Information and I authorize National Insurance Brokerage, LLC to disclose such Information to my Agent as necessary, to assist in the purpose of this Authorization the extent permitted by law. A photocopy of this Authorization shall be as valid as the original. I will receive a copy of this authorization. This Authorization shall be effective for two (2) years after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to National Insurance Brokerage, LLC at 2101 Park Center Drive, Orlando, FL 32835 . Any action taken in reliance on this authorization prior to the notice of the revocation shall be valid.

Proposed Insured's Signature _____ Date _____

Print Name of Proposed Insured _____

Print Name of Agent _____

Revised 10.11

2101 Park Center Drive ♦ Suite 210 ♦ Orlando, FL 32835
800-291-7985 ♦ 407-902-2529 ♦ Fax: 407-902-2530
www.niblfe.com

