

APS Request



Client Information:

Clients Name:	Gender: Female Male
Address:	DOB:
Contact Number:	SSN:
Policy Type:	Policy Amount:

Doctors Information:

Doctors Name:	Facility Name:
Address:	Contact Number:

Agent Name:

Date:

Authorization Form

This Authorization is HIPAA compliant



Date: _____ Advisor Name: _____ Advisor Phone: (_____) _____

Insured Name: _____ Maiden Name: _____ Date of Birth: _____

SSN: _____ Driver's License #: _____ State: _____

The purpose of this Authorization is to permit Precision Brokerage Group 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 below.

I specifically authorize any physician or other medical practitioner, hospital, clinic, or other health-related facility, medical testing laboratory, insurer, state motor vehicle department, my past or current employer(s), the Social Security Administration and any other organization, institution or person who has information or documentation about me to release such information and documentation to Precision Brokerage Group, its authorized representatives and one or more of the insurers or other institutions listed below. The information and documentation to be released to Precision Brokerage Group shall specifically include any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition including, but not be limited to, documents relating to my mental and physical health, mental health records, drug/alcohol abuse treatment records, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, any other communicable disease records, genetic testing, general reputation, mode of living, finances, occupation, driving records and other personal traits ("Information").

Additionally, I specifically authorize Precision Brokerage Group to release any and all Information it receives about me to the companies listed below. I also specifically authorize Precision Brokerage Group and the companies listed below to release any and all Information about me to their respective 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 any and all Information about me directly to any company listed below, upon such company's request, provided the company is a member of MIB.

This Authorization shall be effective for two (2) years after the date signed below. I understand I have the right to revoke this Authorization at any time by sending a written notice of revocation to Precision Brokerage Group 6500 City West Pkwy Suite 335| Eden Prairie Mn 55344. I understand any action taken in reliance on this Authorization prior to Precision Brokerage Group's receipt of the written notice of the revocation shall be valid. I also understand any information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I understand execution of this Authorization is voluntary and that I can refuse to sign this Authorization. I understand my refusal to sign this Authorization will not affect my ability to obtain treatment or payment or my eligibility for health care benefits. However, I understand my refusal to sign this Authorization may prevent me from obtaining insurance products or services from one or more of the companies below. I acknowledge that I have read and understand the above and agree this Authorization was completed prior to my signature. I further agree that a copy of this Authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by Ash Brokerage and/or any third party designated herein.

Proposed Insured's Signature / Guardian, Custodian or Authorized Representative - Include Capacity

Date

Broker / Advisor / Agency / Firm Signature

Date

AIG / American General
Allianz
American Equity
American National
Ameritas
Assurity
Athene Annuity
Baltimore Life
Banner Life
Colorado Bankers Life
Equitrust
Fidelity & Guaranty
Foresters Financial
Global Atlantic Financial Group
Great American
Guaranty Income Life Insurance
Guggenheim

Integrity Life
John Hancock LTC
Legacy Marketing Group
LMG Americo
LMG Ameritas
Lincoln National Life
Minnesota Life
Mutual of Omaha
National Guardian
National Western
North American
OneAmerica/State Life
Principal Life Insurance Company
Protective Life
Prudential
Reliance Standard
Reliastar - TSA

Sagicor
Sentinel Security
Securian Life
Symetra
Transamerica Insurance Company
United of Omaha
Voya

Other Company: _____ Insured Initials: _____

Precision Brokerage Group will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured.