

# 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 NFI Solutions 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 NFI Solutions, its authorized representatives and one or more of the insurers or other institutions listed below. The information and documentation to be released to NFI Solutions 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 NFI Solutions to release any and all Information it receives about me to the companies listed below. I also specifically authorize NFI Solutions and the companies listed below to release any and all Information about me to their respective re-insurers, 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 NFI Solutions 16233 Kenyon Ave. Suite 220 | Lakeville, MN 55044. I understand any action taken in reliance on this Authorization prior to NFI Solutions' 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: \_\_\_\_\_

**NFI Solutions will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured.**