

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 EverVest 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 EverVest, its authorized representatives and one or more of the insurers or other institutions listed below. The information and documentation to be released to EverVest 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 EverVest to release any and all Information it receives about me to the companies listed below. I also specifically authorize EverVest 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 EverVest 6500 City West Pkwy Suite 335| Eden Prairie Mn 55344. I understand any action taken in reliance on this Authorization prior to EverVest'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: _____

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