

325 Sentry Parkway E #101 Suite 301 Blue Bell, PA 19422 (215) 242-7505 inquiries@brokeragesolutions.com brokeragesolutions.com

# NOTICE TO OBTAIN AND DISCLOSE INFORMATION

		(Distance and a second	C : IC :: N I
Proposed Insured's Name		of Birth (MM/DD/YYYY)	Social Security Number
		ay be disclosed to and between the insurance es and agents working through Brokerage So	
Insured applying for or evaluating insurance		es and agents working through brokerage 50	rations, Lee for purposed of the Proposed
Insurance Companies and Agencies			
Accordia Life	First Insurance Funding	Minnesota Life/Securian Financial	Security Mutual
Advantage Insurance Network, Inc. (AIN)	Foresters	Mutual of Omaha/United of Omaha	Sentinel Security
Allianz American General Life (AIG)	General American Life Ins. Co. Global Insurance Underwriters	National Life of Vermont National Western	Standard Life Sun Life Ins. Co. of America
American National	GE Financial Assurance Co.	Nationwide Life & Annuity Co.	Sun Life Ins. Co. of Canada
Americo	Genworth Life Insurance Co.	New York Life Insurance Co.	Superior Medical Group
Assurity Life Atlantic Coast Life	Genworth Life and Annuity Guardian Life Ins. Co.	North American Co. Northwestern Mutual	Symetra Transamerica Life Insurance Co.
Ameritas	Hartford Life Insurance Co.	Old Mutual Financial Network	Travelers Life & Annuity
Athene	Human API	OneAmerica/State Life	21st Services
Augustar Banner Life	Integrity Life/Western+Southern	Pacific Life Penn Mutual	Union Central Life
Brighthouse Financial	John Hancock Life Ins. Co. John Hancock USA	Pioneer Mutual	United of Omaha USG Annuity & Life
Brokerage Solutions, LLC	Lafayette Life	Phoenix Life	Voya - ReliaStar Life of New York
Columbus Life	Lewis and Ellis, Inc.	Presidential Life	Voya – ReliaStar
Corebridge Coventry First, LLC	Life Insurance of the Southwest Lincoln Financial/Lincoln Life	Principal Life Insurance Company Principal National Life Insurance Company	Voya – Security Connecticut Life Voya - Security Life of Denver
Employee Pooling	Lincoln Pinancial/Lincoln Life Lincoln National Life Insurance Co.	Professional Underwriting Services	West Coast Life Insurance Co.
Equitable	Massachusetts Mutual	Protective Life Ins Co.	Western Reserve Life
Examination Management Services, Inc.	Metropolitan Life	Prudential Life Ins. Co./Pruco Life RSA Medical	William Penn Life Ins. Co.
Fidelity & Guaranty Life Ins. Co. First Global Financial & Insurance	MetLife Investors USA Insurance Co. Midland National Life	Sagicor SBLI	Zurich American Life Insurance Company
Additional Insurers and Agencies:			
released may include, but are not limited to treatment, except where prohibited by law, hazardous activities, (10) character, (11) gen I understand that any Insurer or Agency nai such information for proposed insurance of	o, facts about my: (1) mental and phys, (5) sexually transmitted diseases, (6) seral reputation, (12) mode of living, (1) med afore, its reinsurers, and insurancoverage. The Insurers and Agencies no	Sickle Cell testing and treatment, (7) laborato 3) finances, (14) occupation, and (15) other per e support organizations, and those persons a amed afore and their reinsurers will use the in	(3) pharmacy prescriptions, (4) HIV testing and ry test results, (8) other insurance coverage, (9)
I hereby authorize any medical practitioner	, including my primary care physician,	Physician Name	Physician Address
any medical facility, health plan, health care	e professional, laboratory, other medic	cal entity, insurance support organization, fina	ncial institution, consumer reporting agency and
my employer, to give the information descr	ribed above to Brokerage Solutions, L	LC, the Insurers and Agencies listed afore and	d to:
			Agent/Producer Name
referenced herein, except to the extent that (2) other insurers to which I have applied or also disclose this information as allowed by eligibility for insurance and/or by the insuracompanies to which I have applied or may	it it is necessary for (1) the Insurers and r may apply; (3) reinsurers; or (4) other r law. The information will be used by ance agent to aid in updating and imp apply, settlement companies, reinsura	persons whom perform business, professions the insurance and/or settlement companies r	and other entities required to conduct business; all or insurance services for them. They may named below and their reinsurers to determine on collected may be disclosed to other insurance eau, Inc., or other persons or organizations
		ration, it may be subject to re-disclosure by the the first instance. This Authorization will rem	ne insurance company and may no longer be ain in effect for 24 months from the date of my
I understand I may revoke this Authorizatio such revocation would not be effective to t			thcare provider, if required. I understand that
A photocopy of this Authorization is as valichildren are proposed for coverage, the ab		nave received a copy of this Authorization and on authorized to act on their behalf.	d the Notice to Proposed Insured(s). If minor
the insurers and agencies listed herein may	not be able to evaluate and place my	ever, that if I do not sign this Authorization to y application for insurance. I understand that penefits on whether I provide this Authorization	any health care provider who receives this
Signed at	thisday of	, 20	
Signature of Proposed Insured / Gu	ardian or Custodian / Authorized Rep	resentative	Printed Name
2.5			



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## **NOTICE TO PROPOSED INSURED**

INSTRUCTIONS TO THE AGENT/PRODUCER: This notice must be given to the proposed insured before or at the time of signature.

#### FEDERAL FAIR CREDIT REPORTING ACT NOTICE

Federal law requires that you be advised that in connection with your application or informal inquiry concerning insurance an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This report would include information as to your character, general reputation; personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If you make a written request to any of the insurers named on the reverse side within a reasonable time after receipt of this notice, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, you will be advised of the name and address of the consumer reporting agency to whom the request was made. The consumer reporting agency, upon request, will furnish information as the nature and scope of its investigation. You have the right to inspect and to receive a copy of any such report by contacting the consumer reporting agency.

### THE MEDICAL INFORMATION BUREAU (MIB)

A source of information and medical records, MIB is a non-profit insurance support corporation which operates an information exchange on behalf of member life insurance companies. Member companies will ask the MIB if it has a record concerning you. If you previously applied to a member company for insurance, MIB may have information about you in its file. The purpose of the MIB is to protect member companies and their policy owners from those who would conceal significant facts relevant to their insurability. The information which is obtained from MIB may be used only as an alert to the possible need for further independent investigation. It cannot be used as a basis in making a final underwriting decision.

At your request, the MIB will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information on file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is PO Box 105, Essex Station, Boston Massachusetts 02112, telephone number: 866-692-6901.

#### NOTICE OF INSURANCE INFORMATION PRACTICES

In the course of properly underwriting and administering your insurance coverage, the insurers named on the reverse side will rely primarily on information provided by you. They may also seek information from others, such as medical professionals who have treated you. In some cases, they may ask a consumer reporting agency to collect information and submit an investigative consumer report to them. This also authorizes the preparation of an investigative consumer report. You have the right to request to be interviewed in connection with the preparation of that report. The consumer reporting agency will make the contents of that report available to you in accordance with federal law.

In some situations, and in compliance with applicable law, the consumer reporting agency may disclose necessary items of information to the parties without your specific authorization.

You have the right to be told about, and to see and copy if you wish, items of personal information about you that appears in their files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF THE NAMED INSURERS AND YOUR AGENT'S INFORMATION PRACTICES. EACH INSURER NAMED HEREIN REQUIRED THE COMPLETION OF A FULL APPLICATION OF ITS RESPECTIVE PRODUCT LINES.