

Shaw American Financial Corp. Authorization for Release of Information



Authorization for Release of Medical and Protected Health Information

I hereby authorize Shaw American Financial Corporation and its affiliated agencies to obtain insurance coverage on my behalf. This authorization is granted for the purpose of facilitating the underwriting and approval process for insurance coverage and will remain in effect unless revoked in writing. Additionally, I authorize any health plan, physician, healthcare professional, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefit manager, or any other healthcare provider that has treated me within the past ten (10) years ("My Providers") to disclose my complete medical records and any other protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) to my representatives and affiliated entities, including but not limited to the insurance companies listed below and their reinsurance providers.

This authorization includes, but is not limited to, the following services: **APPs, ExamOne, Express Imaging Services, Jet Stream, ProScan, Superior Mobile Medics, LexisNexis, Milliman Corp, ChatGPT, Microsoft Copilot, LIBRA, and Human API.** These entities are authorized to disclose my personal, financial, and health information to the insurance companies listed below.

This disclosure includes, but is not limited to:

- Diagnosis or treatment of HIV/AIDS and sexually transmitted diseases
- Diagnosis and treatment of mental illness
- Information regarding the use of alcohol, drugs, and tobacco
- Prescription history and medication records
- Excludes psychotherapy notes

By signing below, I acknowledge that any prior agreement restricting the disclosure of my medical records does not apply for the purposes of this authorization. I instruct my providers to release my entire medical record without restriction to Shaw American Financial Corp. I understand that any disclosed information may be re-disclosed and may no longer be protected under certain federal privacy rules. However, all disclosed information will be handled confidentially and used solely for insurance evaluation and underwriting purposes by Shaw American Financial Corp, its affiliated companies, and the insurance companies listed below.

I understand that I have the right to revoke this authorization at any time by providing written notice to Shaw American Financial Corp at the address below. Such a revocation will take effect when received but will not affect any disclosures made prior to receipt. I also understand that my Providers may not condition treatment or payment on whether I sign this authorization. However, refusal to sign may limit Shaw American Financial Corp's ability to provide full and complete insurance coverage information.

I acknowledge that individual insurers may require me to sign additional authorizations before processing my application or offering coverage.

This authorization is valid for 12 months from the date signed. A copy of this authorization shall be considered as valid as the original.

Proposed Insured's Printed Name

Proposed Insured's Signature

Signed & Dated On

Advisor/Witness

At (City, State, Zip Code)

American General (AIG/Corebridge), Allianz, American National, Assurity, Athene, AXA Equitable Life, Brighthouse Financial, Cincinnati Life, Columbus Life, Companion Life, Fidelity Life, Foresters, Genworth Financial, Global Atlantic, John Hancock, Legal & General (Banner Life & William Penn), Lincoln Financial Group, MassMutual, Minnesota Life, Mutual of Omaha, National Life, Nationwide Life & Annuity, New York Life, OneAmerica, Principal, Protective Life, Prudential Life, ReliaStar, RGA, Security Mutual, Simplicity & Affiliated carriers, SunLife, Symetra, The Cohen Agency & Affiliated carriers, The Leaders Group, The Savings Bank Life (SBLI), Transamerica Life, United Home Life, United of Omaha Life, and Voya Financial.