



AUTHORIZATION TO OBTAIN & DISCLOSE INFORMATION

This Authorization is intended to be HIPAA compliant

Proposed Insured: _____

Date of Birth: _____

Social Security #: _____

Purpose:

The Proposed Insured is applying or contemplating applying for life insurance products or services, annuities, and/or health insurance. The Proposed Insured authorizes Georgetown Financial Group, Inc., its representatives, its affiliates, and its insurance support organizations to obtain and release nonpublic personal information for the purposes of determining eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions (the "Companies") listed on the reverse side of this document. Information that may be released to and disclosed by Georgetown Financial Group, Inc. and the Companies listed on the reverse of this document pursuant to this Authorization shall include any and all Information, to the extent permitted by applicable law.

Acknowledgement:

If no formal application for insurance is submitted in conjunction with this authorization, any determination of eligibility for insurance is only a preliminary opinion and is not an offer of coverage, nor is it a guarantee that any offer will be made if a formal insurance application is submitted. Formal offers of coverage are made only when a formal application is made and all of the insurance company's underwriting requirements are met to the satisfaction of the underwriting insurance company. Georgetown Financial Group, Inc. and its representatives do not make underwriting decisions and cannot bind any insurance company to a preliminary determination/opinion of eligibility for coverage. The Proposed Insured understands that no insurance will take effect until: (1) an actual insurance contract is delivered to the Applicant; and (2) the first premium is paid in full while the health and other conditions relating to insurability remain as described in the formal application submitted to the insurer.

Information to be Released:

The information to be released pursuant to this Authorization includes any personal health information, records, or data concerning my past, present, or future mental, physical, and/or behavioral health or condition ("Information"), to the extent permitted by law.

Specifically, Information includes all information, records, or data relating to my: physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances, occupation, avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits.

I understand that this Information may include results from blood, saliva, urine, and other tests.

I further understand that this Information may, if applicable, include information regarding diagnosis, prognosis and treatment of: alcohol or drug abuse (including records protected under federal laws and rules, such as 42 CFR Part 2 and 45 CFR parts 160-164); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization:

I, the Proposed Insured, authorize any physician or other medical practitioner, any hospital, clinic or other health-related facility, any medical testing laboratory, any insurance company, any state motor vehicle department, my past or current employer(s), the Social Security Administration, the Medical Information Bureau, Inc., any consumer reporting agency, and/or any other organization, institution, or person that has Information about me to release such Information to Georgetown Financial Group, Inc., its representatives, its affiliates, and/or its insurance support organizations.

I specifically authorize the Companies listed on the reverse of this document to receive Information from and to release Information to Georgetown Financial Group, Inc. I also specifically authorize Georgetown Financial Group, Inc. and the Companies listed on the reverse of this document to release Information about me to their 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 Information directly to any Company listed on the reverse of this document, upon such insurer's request, provided the insurer is a member of MIB.*

I understand that Information disclosed to Georgetown Financial Group, Inc. may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to Georgetown Financial Group, Inc., it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, Georgetown Financial Group, Inc. and/or the Companies may not be able to process my request.

I also authorize my Agent, named below, to receive Information and I authorize Georgetown Financial Group, Inc. to disclose such Information to my Agent, to assist in the purpose of this Authorization to the extent permitted by law.

A photocopy of this Authorization shall be as valid as the original. This authorization will be valid from the date signed for a period of 2 years, unless revoked by me in writing and written notice of the revocation is provided to Georgetown Financial Group, Inc. at 73 Redding Road, P.O. Box 11, Georgetown, CT 06829-0011. Any action taken in reliance on this authorization prior to the notice of the revocation shall be valid. The Proposed Insured has read this authorization and understands that he/she has a right to receive a copy of it.

X

Signature of Proposed Insured

Printed Name of Proposed Insured

Date Signed

Printed Name and Address of Agent

* MIB is a nonprofit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with Information in its file. Member life insurance companies and their reinsurers may make brief reports of certain medical and non-medical information to MIB regarding any person for whom coverage is sought. If you contact MIB, it will disclose Information it has about you in its file. If you feel Information in MIB's file is not correct, you can ask it to correct the Information as provided in the Federal Fair Credit Reporting Act. You can write to MIB Inc., Post Office Box 105, Essex Station, Boston, MA 02112 or call 1 (617) 426-3660.



NOTICE OF INFORMATION PRACTICES

Investigative Consumer Report

In addition to requesting a report from MIB, as a part of our underwriting process we or one of the insurance companies listed below may request an investigative consumer information report to confirm and supplement the information about your general health, employment and occupation, finances, smoking habits, and hazardous activities. Such a report may also cover your mode of living, except as may be related directly or indirectly to your sexual orientation, but including alcohol and drug use, general reputation, and driving record. Some of this information may be obtained through personal interviews with you or your family, friends, associates, or others with whom you are acquainted. If a consumer information report is requested, you may request to be personally interviewed if you can be contacted during normal business hours. An interview is normally conducted, but you are entitled to make a specific request..

We keep such information reports confidential and use them only to evaluate and underwrite your application. In most situations, Georgetown Financial Group, Inc. never comes into possession of such reports.

You have a right under the Fair Credit Reporting Act to make a written request to inspect and obtain a copy of a consumer information report. If we request a report and the report has an adverse effect on your insurability, you will be notified in writing and given the name and address of the reporting company.

Disclosure Information

We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer databases secure and to safeguard the information we have.

We may disclose personal information about you without prior authorization under certain circumstances. For example, we may disclose Information about you to persons or organizations to allow such persons or organizations to perform a business, professional, or insurance function for us, or an insurance support organization, or to provide information to determine eligibility for insurance benefits or detect fraud, misrepresentation or material non-disclosure. We may give information to accounting firms performing audits, governmental agencies reviewing our practices, or attorneys hired to protect our legal interests.

Information may be disclosed to reinsurance companies or another insurance company to which you have applied for coverage or benefits. Information may be furnished to your agents to aid them in providing adequate service to you. Other disclosures may be made as permitted or required by law.

We may also disclose information to medical professionals where required by law for the purpose of informing you of a medical problem of which you may not be aware.

No medical record information or personal information relating to your character, personal habits, mode of living, or general reputation will be released to anyone who receives personal information for purposes of marketing a product or service.

You Can View and Correct Your Information

Generally, we will let you review what we know about you if you ask us in writing. Due to its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit. If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside Georgetown Financial Group, Inc.

To request a copy of our privacy policy, please write us at Georgetown Financial Group, Inc. 73 Redding Road, P.O. Box 11, Georgetown, CT 06829.

Proposed Insured's Printed Name: _____ **SS #:** _____ - _____ - _____

Proposed Insured's Date of Birth: _____ **Proposed Insured's Initials:** _____ **Date:** _____

Allianz Life Insurance Co. of NY
Allianz Life Insurance Co. of NA
Allstate Life Insurance Co. of NY
Allstate Life Insurance Company
American General Life Insurance Co.
American General Life Insurance Co. of NY
American National Insurance Company
Aviva Life and Annuity Company
Aviva Life and Annuity Company of NY
AXA Equitable Life Insurance Company
AXA MONY Life Insurance Company
Banner Life Insurance Company
Columbian Mutual Life Insurance Co.
Companion Life Insurance Company
EquiTrust Life Insurance Company
First MetLife Investors Insurance Company
First UNUM Life Insurance Company
Genworth Life & Annuity Insurance Co.
Genworth Life Insurance Company
Genworth Life Insurance Company of NY
Guardian Life Insurance Company of America
Hartford Life and Annuity Insurance Company
Hartford Life Insurance Company

ING/ReliaStar Life Insurance Company
ING/ReliaStar Life Insurance Company of NY
ING/Security Life of Denver Insurance Co.
ING USA Annuity & Life Insurance Co.
Integrity Life Insurance Company
John Hancock Life Insurance Company
John Hancock Life Insurance Company of NY
John Hancock Life Insurance Company USA
Lincoln Benefit Life Company
Lincoln Life and Annuity Company of NY
Lincoln National Life Insurance Company
Lloyd's America, Inc.
Massachusetts Mutual Life Insurance Company
MetLife Insurance Company of Connecticut
MetLife Investors Insurance Company
MetLife Investors USA Insurance Company
Metropolitan Life Insurance Company
National Integrity Life Insurance Company
National Life Insurance Company (of VT)
Nationwide Life Insurance Company
New England Life Insurance Company
OM Financial Life Insurance Company
OM Financial Life Insurance Company of NY

Phoenix Life and Annuity Company
Phoenix Life Insurance Company of New York
Prudential Life Insurance Company
Principal Life Insurance Company
Protective Life and Annuity Insurance Company
Protective Life Insurance Company
Provident Life & Accident insurance Company
Provident Life & Casualty Insurance Company
Pruco Life Insurance Company
Pruco Life Insurance Company of NJ
Prudential Financial
Prudential Insurance Company of America
Sun Life Assurance Company of Canada
Sun Life Assurance Company of Canada US
Transamerica Financial Life Insurance Co. NY
Transamerica Life Insurance Company
Transamerica Life Solutions, LLC
Union Central Life Insurance Company
United of Omaha Life Insurance Company
United States Life Insurance Company of NY
UNUM Life Insurance Company of America
West Coast Life Insurance Company
William Penn Life Insurance Company of NY