

**Authorization for Release of Health-Related Information**

*(This Authorization complies with the HIPAA Privacy Rule)*

<p align="center"><b>J.E. Goss, LLC</b>  P.O. Box 879, Bristol, CT 06011  <b>1-800-639-2032</b></p>
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**Name of Proposed Insured/Patient (please print)**

**Date of Birth**

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health provider that has provided payment, treatment, or services to or on my behalf ('My Providers') to disclose my entire medical record and any other protected health information concerning me to allsettled Group, Inc. and its agents, general agents, employees and representatives. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical record without restriction.

My protected health information is to be disclosed under this Authorization so that the companies listed below may 1) underwrite my application for coverage by making eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provisions of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with any Company.

This authorization shall remain in force for 180 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to J.E. Goss, LLC, P.O. Box 879, Bristol, CT 06011-0879. I understand that a revocation is not effective if any of My Providers has relied on this authorization. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

**Authorization to Release Information to J.E. Goss, LLC and the following authorized agents and companies.**

AIG Life Insurance	HGW Exam Services	Pacific Life Insurance Company
allsettled Group, Inc.	ING Reliastar Ins. Co.	Pacific Life Ins. Co. of NY
American General	Institutional Marketing Consultants, Inc	Phoenix Home Life
AVS	Jefferson National	Portamedics
AXA	Jefferson Pilot	Presidential Life
Avivia	Jefferson Pilot of NY	Principal Life Insurance
Banker's Life of NY	John Hancock	Prudential Life Insurance
Banner Life Ins. Co.	Landau Financial Services	PRUCO of New Jersey
Banyan Life Financial	Lincoln Life Ins. Co.	Security Mutual Life
Brokers Insurance	Lincoln Life Ins. Co. of NY	Special Risk Services, Inc.
Bisys Insurance Services	Lloyd's of London	Sun Life of Canada
Continental Assurance (CAN)	LUXCO & Associates	Transamerica Occidental Life
Empire General Life Ins. Co.	Manulife	Travelers Life and Annuity
EMSI	MassMutual	Total Financial
Genworth Life & Annuity	Metropolitan Life Insurance Company	21 <sup>st</sup> Services
Genworth Life	MONY	Union Central
Genworth Life of New York	M & M Brokerage Services, Inc	United of Omaha
General American	Nationwide	United States Life Insurance Company
Great American Life Insurance Company	New England	Unum Provident Insurance Company
Guardian Life Insurance Company	New York Life Insurance Company	William Penn Life Insurance Company
Hartford Life Insurance Company	Old Line Life Insurance Company	J.E. Goss, LLC
West Coast Life	ING Security Life Of Denver	3Mark to obtain life expectancy evaluation
Credit Suisse	American National	Joseph E. Goss, Ltd.
	Protective Life	

Signature of Proposed Insured/Patient/Parent or Guardian/Personal Representative	Date	Social Security Number
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Proposed Insured's Address

Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient