



AUTHORIZATION TO OBTAIN & DISCLOSE INFORMATION

This Authorization is intended to be HIPAA compliant.

Proposed Insured Name: _____

Date of Birth: ____ - ____ - _____ Social Security #: _____ - _____ - _____

Address: _____ City _____ State ____ Zip _____

Purpose: The Proposed Insured is applying or contemplating applying for life insurance products or services, annuities, and/or health insurance. The Proposed Insured authorizes Brokers Central LLC, 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 Brokers Central LLC, 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. Brokers Central LLC, 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 RX/prescription/medication prescribed to me; other insurance coverage(s); health insurance claims; 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, that has provided payment, treatment, or services to me or on my behalf within the past 10 years, and any insurance company, any state motor vehicle department, any motor vehicle records, 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 Brokers Central LLC, 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 Brokers Central LLC. I also specifically authorize Brokers Central LLC, 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 Brokers Central LLC, may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to Brokers Central LLC, 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, Brokers Central LLC, 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 Brokers Central LLC, 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 24 months, unless revoked by me in writing and written notice of the revocation is provided to Brokers Central LLC, at 365 Route 59, Suite 140, Airmont, NY 10952. 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, Brokers Central LLC 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 Brokers Central LLC. To request a copy of our privacy policy, please write us at Brokers Central LLC, 365 Route 59, Suite 140, Airmont, NY 10952.

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

Proposed Insured's Date of Birth: ____ - ____ - _____ Proposed Insured's Initials: ____ Date: ____ - ____ - _____

Allianz Life Insurance Co. of NY
American General Life Insurance Co.
American General Life Insurance Co. of NY
American National Insurance Company
Ameritas
Athene Annuity & Life Assurance Co.
Assurity Life
AXA Equitable Life Insurance Company
AXA MONY Life Insurance Company
Banner Life Insurance Company
Berkshire
Brighthouse Financial
Brokers Central LLC
Empire Insurance Brokerage
ExamOne
Exceptional Risk Advisors, LLC
Fidelity & Guaranty Life Insurance Company
Fidelity & Guaranty Life Insurance Co. of NY
New FFR Insurance Services, Inc.
Global Atlantic Financial Group
Guardian Life Insurance Company of America
IBU, Inc

John Hancock Life Insurance Company
John Hancock Life Insurance Company of NY
John Hancock Life Insurance Company USA
Life Insurance Company of The Southwest
LIBRA Insurance Partners
Lincoln Life and Annuity Company of NY
Lincoln National Life Insurance Company
Lloyd's America, Inc.
Massachusetts Mutual Life Insurance Company
Midland National
Milliman Intelli Script
Minnesota Life Insurance Company
Mutual of Omaha Insurance Company
MVRonline.com
National Life Insurance Company (of VT)
Nationwide Life Insurance Company
New York Life Insurance Company
NYLIFE Insurance & Annuity Corporation
One America
Pacific Life
The Penn Mutual Life Insurance Company
Portamedic
Principal Life Insurance Company
Principal National Life Insurance Company

Protective Life Insurance Company
Pruco Life Insurance Company
Pruco Life Insurance Company of NJ
Prudential Financial
Prudential Insurance Company of America
RGA
SBLI
Securian Life Insurance Company
Security Mutual Life Insurance Company
Sentry FA LLC
Symetra
The Standard
Transamerica Financial Life Insurance Co. NY
Transamerica Life Insurance Company
United of Omaha Life Insurance Company
United States Life Insurance Company of NY
William Penn Life Insurance Company of NY
Zurich American Life Insurance Company
Zurich American Life Insurance Co. of NY