Washington Brokerage

EDIE INGERSOLL & ASSOCIATES, INC / INGERSOLL INSURANCE, LLC

HIPAA RELEASE TO OBTAIN AND DISCLOSE INFORMATION

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, insurance company, insurance support organization or other health care provider that has provided payment, treatment or services to me or on my behalf or to or on the behalf of my unemancipated minor children ("My Providers") to disclose the entire medical record and any other protected health information concerning me or my unemancipated minor children to the company(ies) referenced on this authorization ("the Company(ies") and its agents, employees, and representatives. To facilitate rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, Inc., to give such records or knowledge to Washington Brokerage, affiliated of Edie Ingersoll & Associates, Inc.

The types of information will include records or facts related to employment, other insurance coverage, past and present physical and mental state of health to include information on the treatment of Human Immunodeficiency Virus (HIV), infection and sexually transmitted diseases, drug and/or alcohol use, diagnosis or treatment of mental illness, character habits, avocations, finances, reputation, credit, or other personal traits. The information will be used by the insurance companies named below and their reinsurers to determine eligibility and risk rating for insurance, claims and/or by the insurance agent to aide in updating and improving my insurance program.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information or that of my unemancipated minor children do not apply to this authorization and I instruct My Providers to release and disclose the entire medical record without restriction. I understand that I am not required by law to sign this authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. Health care provider(s) or health care plan(s) asked to release information pursuant to this authorization cannot condition treatment or payment for treatment or other benefits on my signing it.

This Authorization shall remain valid for 24 months following the date of my signature below, regardless of my condition and whether living or deceased, 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 the Company(ies) at P.O. Box 15120, Seattle, WA 98115-0120, Attention: HIPAA Privacy Official. Alternatively, I may revoke this authorization by sending a written revocation directly to My Providers. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that the Company(ies) has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). However, the Company(ies) will protect the privacy of health information in accordance with other applicable state and/or federal privacy laws and its own privacy policy.

Advanced Settlements	IBU, Inc.	Lincoln Benefit Life	APS Workflow, Inc.
American General /AIG	Indianapolis Life	Lincoln Financial	Principal Financial
Aviva	ING - Reliastar	Mass Mutual	Prudential
AXA Equitable	ING – Sec Life of Denver	MetLife Investors USA	Sun Life of Canada
Banner Life	John Hancock USA / LTC	Nationwide	Transamerica
Columbus Life	Pro Scan Partners	New York Life	United of Omaha
Coventry First	LexNet	North American	Washington Brokerage
Fidelity & Guarantee	LifeStyle Ins Services	Pacific Life	West Coast Life
Genworth Financial	Life Settlement Alliance	Presidential Life	American Paramedix
Genworth LTC	OneAmerica / State Life	Protective	Symetra

Signed at _____ this _____ day of _____, 20 _____.

X_____ _____

Signature of Proposed Insured Date of Birth

_____ _____

Printed Name of Proposed Insured Agent / Witness Signature

Washington Brokerage

EDIE INGERSOLL & ASSOCIATES, INC / INGERSOLL INSURANCE, LLC

NOTICE TO PROPOSED INSURED

In connection with your informal inquiry about 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 includes information as to your character, general reputation, personal characteristics and mode of living. Upon written request to the life insurance companies listed in this Notice, you will be informed whether or not an investigative consumer report was requested, and, if so, you will be advised to the name and address of the consumer reporting agency to which the request was made. The consumer reporting agency, upon request, will furnish information as to the nature and scope of its investigation. You have the right to inspect a copy of any such report by contacting the consumer reporting agency.

Information regarding your insurability will be treated as confidential. The life insurance companies listed in this Notice or their reinsurers may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit organization of life insurance companies, which operates an informational exchange bureau on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file you may contact the Bureau and seek a correction with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112. Telephone (617)426-3660. The companies listed in this Notice or their reinsurers may also release information in their files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NOTICE OF INFORMATION PRACTICES

In the course of properly underwriting and administering your insurance coverage, the listed insurance companies will rely heavily on information provided by you. The companies may also seek information, from others, such as medical professional who have treated you.

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

You have the right to be told about, and to see a copy, if you wish, of items of personal information about you which appear in the insurance companies 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 LISTED INSURANCE COMPANIES AND YOUR AGENT'S INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICE, OR IF YOU WOULD LIKE TO REVOKE THIS AUTHORIZATION, PLEASE SEND YOUR REQUEST IN WRITING TO: Washington Brokerage, affiliate of Edie Ingersoll & Associates, Inc. Attn: Privacy Official, PO Box 15120, Seattle, Wa 98115.

Advanced Settlements
American General /AIG
Aviva
AXA Equitable
Banner Life
Columbus Life
Coventry First
Fidelity & Guarantee
Genworth Financial
Genworth LTC
IBU, Inc.
Indianapolis Life
ING - Reliastar
ING – Sec Life of Denver
John Hancock USA / LTC
Pro Scan Partners
LexNet
LifeStyle Ins Services
Life Settlement Alliance
OneAmerica / State Life
Lincoln Benefit Life
Lincoln Financial
Mass Mutual
MetLife Investors USA
Nationwide
New York Life
North American
Pacific Life
Presidential Life
Protective
APS Workflow, Inc.
Principal Financial
Prudential
Sun Life of Canada
Transamerica
United of Omaha
Washington Brokerage
West Coast Life
American Paramedix
Symetra