

## Risk Evaluation Authorization

AGENT NAME

### Notice of Information Practices

#### Investigative Consumer Report

In addition to requesting a report from MIB as part of our underwriting process, we or one of the insurance companies listed your authorization 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. Although an interview is normally conducted, you are entitled to make a specific request.

We keep such information reports confidential and use them only to evaluate and underwrite your application.

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, we will notify you in writing and give you the name and address of the reporting company.

#### Disclosure of Information

Information received about you is treated confidentially and our employees take precautions to ensure that your information is safeguarded.

Upon receiving an executed Authorization, we may disclose information about you to persons or organizations performing business, professional, or insurance related functions on our behalf, insurance support organizations, or to any other person or organization to determine eligibility for insurance benefits, to detect fraud, misrepresentation, or material non-disclosure. We may also disclose information to accounting firms conducting audits, governmental agencies reviewing our practices, or attorneys hired to protect our legal interests.

Information may be disclosed to reinsurance companies, other insurance companies, your agents, and any other person or organization as may be 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, or to persons or organizations for the purpose of conducting research including actuarial, marketing, and underwriting studies.

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, upon written request and to the extent permitted by law, you are permitted to review information which we have received about you. Please note that due to its sensitivity, you will not be permitted to view information received in connection with a claim or lawsuit. Also, if permitted by law, we may disclose information about your health only through your health care provider. If, upon review, you believe any information that we have received is incorrect, please notify us immediately. We will review and confirm the information provided. In the event such information is confirmed and you do not agree, you may offer an explanation in writing and we will include your statement when we give your information to anyone outside of Booth Brokerage, LLC. If you want to know more about our privacy policy, please write us at 1127 North Avenue, Suite 27-304, Burlington, VT 05408.

PROPOSED INSURED'S SIGNATURE (OR AUTHORIZED REPRESENTATIVE)	DATE
PRINT NAME	NAME OF AGENT

## Risk Evaluation Authorization

### Authorization

This Authorization is HIPAA compliant.

PROPOSED INSURED (PRINTED NAME)	AGENT NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER

**Purpose:** The purpose of this Authorization is to permit Booth Brokerage, LLC. ("BBLLC") to obtain and release non-public personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions ("the Companies") listed below. Information that may be released to and disclosed by BBLLC and the Companies listed below pursuant to this Authorization shall include any and all information, to the extent permitted by law.

**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 or behavioral health or condition ("Information"), to the extent permitted by law.

Information includes all information, records or data relating to my: physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medication 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 Information may also include results from blood, saliva, urine and other tests.

I further understand that Information may, if applicable, include information regarding diagnosis, prognosis and treatment of: alcohol or drug abuse (including records protected under federal law 42 CFR Part 2); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical tests results.

**Authorization:** I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has Information about me to release such Information to BBLLC, and its authorized representatives.

I specifically authorize the Companies listed below to receive Information from and to release Information to BBLLC. I also specifically authorize BBLLC and the Companies listed below to release or redisclose Information about me to their reinsurers, underwriters or any other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to relate Information directly to any Company listed below upon such insurer's request, provided the insurer is a member of MIB. \*

I understand that Information disclosed to BBLLC may no longer be subject to state and federal privacy laws and regulations and may be subject to redisclosure. I understand that if I refuse to sign this Authorization to release my complete medical records, BBLLC or the Companies may not be able to process my request.

I also authorize my Agent, named below, to receive Information and I authorize BBLLC 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 valid as the original.

This Authorization shall be effective for two (2) years after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to BBLLC at 70 S. Winooski Avenue, Suite 1W-371, Burlington, VT 05401

PROPOSED INSURED'S SIGNATURE (OR AUTHORIZED REPRESENTATIVE)	DATE
PRINT NAME	AUTHORIZED REPRESENTATIVE OF PROPOSED INSURED, IF APPLICABLE

- |                         |                                     |                                  |                                       |
|-------------------------|-------------------------------------|----------------------------------|---------------------------------------|
| Accordia Life           | Guarantee Trust Life                | Metropolitan Life Ins. Co.       | Pruco Life Ins. Co.                   |
| Allianz Life Ins. Co.   | Guardian Life Insurance Co.         | Minnesota Life                   | Prudential Ins. Co. of America        |
| American General Life   | ING Life & Annuity                  | Mutual of Omaha                  | RBC (Liberty Life)                    |
| American National Ins.  | ING Security Life of Denver         | National Life of Vermont         | Reliastar                             |
| Ameritas                | John Hancock Life Ins. Co.          | National Western Life            | Simplicity Group                      |
| Amerus                  | John Hancock Life Ins. Co. (U.S.A.) | Nationwide                       | Standard Life                         |
| Assurity Life           | Life Ins. Co. of the Southwest      | New York Life                    | Symetra                               |
| AXA Equitable Life      | Lincoln Life                        | North American Life & Health     | The United States Life Ins. Co. of NY |
| Banner Life             | Lincoln Life of NY                  | Pacific Life                     | Transamerica                          |
| Columbus Life           | Lloyd's of London                   | Pacific Life & Annuity           | Transamerica Occidental               |
| First Heartland Capital | Massachusetts Mutual Life           | Principal Life Ins.e Co.         | Union Central                         |
| Genworth Life Ins. Co.  | MetLife Investors                   | Principal National Life Ins. Co. | United of Omaha                       |
| Gerber Life             | MetLife Investors USA               | Protective Life                  | Zurich American Life                  |

\* 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 who coverage is sought. If you contact MIB, it will disclose information it has about you in its file. If you feel the information in MIB's file is not correct, you can ask 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 (617) 426-3660.