Authorization for Transfer Form – Life

New York Life

*Fax this form to New York Life, Attn: Underwriting – Fax **#860-321-3769***

MINIMUM FACE AMOUNT CONSIDERATIONS

Term	Permanent	Variable
$500,000 through age 59	$100,000 through age 59	No face amount limits
$250,000 age 60 and up	$ 50,000 age 60 and up	

Proposed Insured's Name:_____ DOB:____/____/____ Sex:_____

Agent's Name:_____

Business Phone: (____)_____Fax: (____)_____E-mail address:_____

Agent's Address:_____

Agent Code #:_____Office Code:_____Home Office File #/Policy #:_____

Is this proposed insurance to replace existing coverage? ❒ Yes ❒ No Home Office Action/Rating: _____

Plan Type: ❒ Permanent ❒ Term Face Amount:_____State of Issue: _____

To help Crump prepare your case, please provide the following information if client has seen a doctor since Home Office action.

Date:_____Circumstances:_____

Name of M.D.:_____Address:_____

Authorization to Collect and Disclose Information

Definitions

Source: Each of the following may be a source of information: care provider; treatment facility; insurer; reinsurer; MIB; consumer reporting agency; financial source; and employer.

Care Provider: Care provider includes but is not limited to: physicians; chiropractors, physical therapists; psychologists; and drug, alcohol, or mental health counselors.

Treatment Facility: Treatment facility includes but is not limited to: hospitals; clinics; drug or alcohol treatment or consultation facilities; nursing homes; mental health facilities; ambulatory care centers; and those facilities or offices staffed or run by care providers.

Companies: The life insurance companies named on the bottom of page 2.

Proposed Insured: The person whose life is proposed to be insured.

Authorization: The Authorization is this Authorization to Collect and Disclose Information.

MIB: MIB is the Medical Information Bureau, Inc.

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Life Insurance Services

Proposed Insured _____ Social Security Number _____

HIPAA AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

The undersigned insured(s) (hereafter referred to as "I", "me" or "my"), authorizes the use and disclosure of my personal health and medical information protected by state and federal law including the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as follows:

Description and Purpose of Disclosure: This authorization shall apply to any and all of my personal health and medical information, including medical records in their entirety which may contain mental health records (excluding psychotherapy notes, as defined by HIPAA) and restricted records, life expectancy reports, prescription drug records, HIV-related information, use of alcohol or controlled or prohibited substances, and employment records, whether or not personally or individually identifiable (collectively referred to as my "PHI"). This authorization and all uses and disclosures of my PHI made under this authorization are for the purposes of allowing Crump Life Insurance Services, Inc. and any affiliated companies (hereinafter collectively "Crump") and any Authorized Recipient (as defined below) to: (1) determine my eligibility for Insurance Products and Services, as defined below; and/or (2) market Insurance Products and Services to me.

"Insurance Products and Services" means, for example, life insurance, disability insurance, as well as premium financing and other similar types of products and services. Insurance Products and Services also include long term care or other types of health insurance.

Classes of Persons Authorized to Disclose My PHI: I authorize any health care provider, including any doctor, hospital or medically-related facility, nurse, pharmacy, physician, practitioner, or practitioner practice group (each an "Authorized HCP"), and any insurance company, HMO/PPO or similar organization, employer or, except as may be limited by state law, any other organization, institution or person that has my PHI to disclose to Crump or any Authorized Recipient, any such records or information as provided under this authorization.

Classes of Persons Authorized to Receive My PHI: PHI received by Crump may be disclosed under this authorization to any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described (each an "Authorized Recipient").

Further Disclosure Authorization: I authorize each Authorized Recipient to further disclose my PHI as necessary to carry out the purposes under this authorization. I understand and acknowledge that PHI that is redisclosed by the Authorized Recipient may no longer be protected by law. I further acknowledge that some state and federal laws prohibit the further disclosure of information regarding the diagnosis, prognosis and treatment of drug or alcohol abuse, communicable diseases or infection including sexually-transmitted diseases or HIV without specific written consent. I hereby authorize Crump and each Authorized Recipient to further disclose the foregoing information to the extent such disclosure is necessary in order to carry out the purposes under this authorization.

Expiration of Authorization: This authorization shall remain valid for two (2) years after the date signed below.

Right to Revoke: I understand that I may revoke this authorization at any time by sending a written request for revocation to Crump or to any Authorized HCP at such address designated to me. Any revocation of this authorization shall not apply to the extent that any person has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

This authorization complies with the provisions of the HIPAA Privacy Rule governing authorizations (45 C.F.R. Sec. 164.508). I understand that this authorization is a requirement for the underwriting, sale or settling of Insurance Products and Services and Crump may condition enrollment, eligibility, benefits, sale or settling of Insurance Products and Services on whether I sign this authorization.

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. I certify that I am executing and delivering this authorization freely and voluntarily as of the date written below. I further certify that I have received and retained a copy of this signed authorization for future reference.

_____ _____
Signature of Insured/Proposed Insured Date

_____ _____ _____
Signature of Authorized Representative Date Relationship/Authority to Represent

All pages of the authorization must be completed. Inquiry cannot be considered unless authorization is signed by Propsed Insured.

Crump®
Life Insurance Services

Proposed Insured _____ Social Security Number _____

AUTHORIZATION FOR USE AND DISCLOSURE OF NONPUBLIC PERSONAL INFORMATION (NPI)

I, the Policy Owner/Proposed Policy Owner, authorize Crump Life Insurance Services, Inc. or any affiliated company (hereinafter collectively "Crump") to use and disclose any and all Nonpublic Personal Information (NPI) about me to any Authorized Recipient, as such terms are defined below. This authorization and all uses and disclosures of my NPI made under this authorization are for the purposes of allowing Crump and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services, as defined below; and/or; (2) market Insurance Products and Services to me.

I, the Insured/Proposed Insured (if different than the Policy Owner/Proposed Policy Owner), authorize Crump Life Insurance Services, Inc. or any affiliated company (hereinafter collectively "Crump") to use and disclose any and all Nonpublic Personal Information (NPI) about me to any Authorized Recipient (as such terms are defined below). This authorization and all uses and disclosures of my NPI made under this authorization are for the purposes of allowing Crump and any Authorized Recipient to: (1) determine my eligibility for Insurance Products and Services, as defined below; (2) market Insurance Products and Services to me; and/or (3) underwrite my health and/or life expectancy in connection with Insurance Products and Services.

"Nonpublic Personal Information" means information, including, without limitation, nonpublic personal, financial, health and medical information about the Policy Owner and Insured (if different than the Policy Owner) and the Policy Owner/Insured's identity as an owner/insured under a Life Insurance Policy that is obtained, whether from the Policy Owner/Insured, any of the Policy Owner's/Insured's agents or representatives, any insurance company, health care or medical provider, professional or facility or any other source.

"Authorized Recipient" includes any affiliates, subsidiaries, corporate parents, agents, independent contractors, insurance carriers, authorized representatives, premium finance entities, settlement providers, policy buyers or potential policy buyers, life expectancy underwriters and the officers, directors, employees, agents, and other representatives of each and to any other person or entity for the purposes herein described.

"Insurance Products and Services" means, for example, life insurance, disability insurance, as well as premium financing and other similar types of products and services. Insurance Products and Services also include long term care or other types of health insurance.

The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) each agree and consent that this authorization shall be effective from the date hereof until the earlier of (a) the date that is two (2) years after the date hereof, or (b) an earlier date as may be required by applicable law or regulation. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) have the right to revoke this authorization, at any time, by providing written notification to Crump.

A copy or facsimile of this authorization shall be as valid as the original. This authorization may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same instrument. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) each certify that he or she is executing and delivering this authorization freely and voluntarily as of the date written below. The Policy Owner and Insured/Proposed Policy Owner and Insured (if different than the Policy Owner) further certify that the authorization is written in plain language and acknowledge that each has received and retained a copy of this signed authorization for future reference.

Signature of Insured/Proposed Insured	Printed Name	Date

All pages of the authorization must be completed. Inquiry cannot be considered unless authorization is signed by Propsed Insured.

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Life Insurance Services

Proposed Insured _____ Social Security Number _____

AUTHORIZED RECIPIENTS

INSURANCE CARRIERS

Allianz Life Insurance/Allianz Life & Annuity
American General Life/AIG
American National Insurance Company
Aviva Life & Annuity Company/Aviva Life & Annuity Company of NY
AXA-Equitable
Banner Life
Companion Life of NY
Fidelity Security Life
First MetLife Investors
Genworth Life and Annuity Insurance Company
Genworth Life Insurance of NY
Illinois Mutual Life
ING Reliastar Life Insurance Company
ING Reliastar life of NY
ING Security Life of Denver
John Hancock/John Hancock USA
Liberty Life Assurance
Lincoln Financial
Lincoln Life & Annuity NY
Lloyd's of London
MetLife Investors
Metropolitan Life Insurance Company
Mutual of Omaha
Nationwide/Nationwide Provident
North American Company Life & Health
Old Mutual Financial/Old Mutual Financial of NY
Principal Life
Protective Life & Annuity/Protective Life Insurance Company
Prudential Financial
Security Mutual Life
Transamerica Life Insurance Company
United of Omaha Life Insurance Company
United States Life Insurance Company of New York
William Penn Life Insurance of NY

Please check with your Crump Sales Team for account specific approved carriers.

**Limitations apply with these carriers, contact your Crump Sales Team for more information*

All pages of the authorization must be completed. Inquiry cannot be considered unless authorization is signed by Propsed Insured.