

# CRUMP UNDERWRITING

## File Transfer Guidelines



**Do you have an Allstate case that was previously rated or declined that you would like to have reviewed by the Crump Underwriting Team?**

Your case may qualify for the file transfer process but more information will be necessary. Please email the following information to [UWQST@crump.com](mailto:UWQST@crump.com):

- Client Name
- DOB/Age
- Gender
- Smoker Status
- Reason for Declined Case (Depending on the details provided, more information may be needed to provide a recommendation.)

### Beginning the Process

If it is determined a carrier can present an offer (based on the information provided), your Crump Sales Team will assist with illustrations, formal carrier application, and the Allstate file transfer form.

- 1** The Allstate file transfer form should be completed at the same time as the formal carrier application.
- 2** The Crump team will process both the Allstate file transfer form and carrier application simultaneously. (Note: both forms **must** be complete for Crump to begin the process.)
- 3** The new business process for formal business begins.

*The Crump underwriting team will review any previous Allstate questionnaires that are FULLY complete. Any requests for additional information that arise out of the Crump underwriting review are the responsibility of the agent, not the Allstate underwriter.*

**Please Note:** If the Crump underwriter determines a review of the Allstate file is necessary prior to making a carrier recommendation, they will provide you with direction and next steps. This option will be at the Crump underwriter discretion for cases with a **premium tolerance of \$2500 or more.**

**Contact your dedicated Allstate / Crump Sales Team with questions regarding the file transfer guidelines.**



# ALLSTATE OUTBROKERAGE FILE TRANSFER AUTHORIZATION FORM



This form **must be fully completed and submitted** to Crump Life Insurance Services at [Allstate@Crump.com](mailto:Allstate@Crump.com)

## LIFE FILE TRANSFER REQUIREMENTS

- Allstate file must be complete
- Allstate has underwritten the risk and has determined that they cannot make an offer.

## LTC & DI FILE TRANSFER REQUIREMENTS

- For situations where a customer has applied for life insurance via Allstate and are also seeking LTC and/or DI via Crump.

**Proposed Insured's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Carrier Application: Yes    No    (Select yes if you are submitting a carrier specific application along with this form.)

TimeSaver Application: Yes    No    (TimeSaver = Crump informal application; not carrier specific.)

*Please Note: **\$2,500 premium commitment** mentioned on page one applies to this option.*

Product Type: Universal Life    Whole Life    Term    Survivorship

Death Benefit: \_\_\_\_\_ Premium Commitment: \_\_\_\_\_  
(This is the amount your client is willing to pay monthly or annually)

**Agent's Name:** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Allstate Agent #: \_\_\_\_\_ Office Code: \_\_\_\_\_ Home Office File #/Policy #: \_\_\_\_\_

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

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 #.

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.





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



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

## **AUTHORIZED RECIPIENTS**

### **INSURANCE CARRIERS**

Allianz Life Insurance Company of North America  
American General Life Insurance Company  
American National Insurance Company  
American National Life Insurance Company of NY  
Ameritas Life Insurance Corp.  
Ameritas Life Insurance Corp. of NY  
Assurity Life Insurance Company  
Assurity Life Insurance Company of New York  
AXA Equitable Life Insurance Company  
Banner Life Insurance Company  
Brighthouse Life Insurance Company  
Brighthouse Life Insurance Company of New York  
Cincinnati Life  
Columbian Life Insurance Company  
Columbian Mutual Life Insurance Company  
Fidelity Security Life Insurance Company  
Fidelity Security Life Insurance Company of New York  
First Symetra National Life Insurance Company of New York  
Foresters  
Forethought Life Insurance Company  
Gerber Life Insurance Company  
Global Atlantic Financial Group  
Guardian Life Insurance Company  
Illinois Mutual Life Insurance Company  
John Hancock Life Insurance Company (USA)  
John Hancock Life Insurance Company of NY  
Life Insurance Company of the Southwest\*  
LifeSecure Insurance Company  
Lincoln Life Insurance & Annuity Co. of NY  
Lincoln National Life Insurance Company  
Lloyd's of London  
Mass Mutual\*

Minnesota Life Insurance Company  
Mutual of Omaha  
National Guardian Life Insurance Company  
National Life Insurance Company\*  
Nationwide Life Insurance Company  
New York Life\*  
North American Co. for Life & Health  
Pacific Life & Annuity Company\*  
Pacific Life\*  
Pan American Life\*  
Penn Insurance & Annuity Company  
Penn Mutual Life Insurance Company  
Principal Life Insurance Company  
Principal National Life Insurance Company  
Protective Life & Annuity Insurance Company  
Protective Life Insurance Company  
Prudential Life Insurance Company  
SBLI  
Securian Life Insurance Company  
Security Mutual Life Insurance Company of NY  
State Life Insurance Company  
Symetra Life Insurance Company  
The Standard  
The Standard Life Insurance Company of New York  
The United States Life Insurance Company in the City of New York  
Thrivent Financial  
Transamerica Financial Life Insurance Company  
Transamerica Life Insurance Company  
United of Omaha Life Insurance Company  
William Penn Life Insurance Company of NY  
Zurich American Life Insurance Company

*\*Limitations apply; contact your Crump representative for details.*

\_\_\_\_\_  
Signature of Insured/Proposed Insured

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date