



DALY BROKERAGE

Preliminary Information and Authorization	
Proposed Insured Name:	Address:
Date of Birth	Phone Number:
Last 4 Digits of SSN:	Gender
Height	Weight
Tobacco Use: Yes _____ No _____ If yes, please provide details. _____ _____	

Family History			
Relative	State of Health or Cause of Death	Age if Living	Age at Death

Medical History
Summary of Medical History: _____ _____ _____ _____
Medication (s): _____ _____ _____ _____

Name, address, and phone number of current primary care physician for complete medical records. _____ _____ _____ _____
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Name, address, and phone # of any medical specialists consulted in the last 5 years. List EKG's, X-rays, and other diagnostic tests.

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Have you had any hospitalizations in the last 5 years? If yes, please provide details to include hospital name and dates.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## This form is HIPAA compliant.

### Authorization for Release of Information

The purpose of this Authorization is to assist in the evaluation and placement of my application for insurance. I hereby authorize the release of any and all records and information regarding me, the proposed insured, pursuant to this Authorization. This includes, without limitation, any and all records and protected health information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition, with the exclusion of psychotherapy notes. Such records and information to be released may include, but are not limited to, facts about my: (1) mental and physical health; (2) alcohol/drug abuse treatment, (3) pharmacy prescriptions, (4) HIV testing and treatment, except where prohibited by law, (5) sexually transmitted diseases, (6) Sickle Cell testing and treatment, (7) laboratory test results, (8) other insurance coverage, (9) hazardous activities, (10) character, (11) general reputation, (12) mode of living, (13) finances, (14) occupation, and (15) other personal traits.

I understand that any Insurer or Agency named afore, its reinsurers, and insurance support organizations, and those persons authorized to represent them may need to collect such information for proposed insurance coverage. The Insurers and Agencies named afore and their reinsurers will use the information in order to determine whether I am insurable or to assist in the application and underwriting process. The insurance producer may also use this information to help update and improve my insurance program.

I understand that my information will be kept confidential, and will not be disclosed to other persons or organizations without this written permission for the purposes referenced herein, except to the extent that it is necessary for (1) the Insurers and Agencies named afore and their reinsurers and other entities required to conduct business; (2) other insurers to which I have applied or may apply; (3) reinsurers; or (4) other persons whom perform business, professional or insurance services for them. They may also disclose this information as allowed by law. The information will be used by the insurance and/or settlement companies named

below and their reinsurers to determine eligibility for insurance and/or by the insurance agent to aid in updating and improving my insurance program. The information collected may be disclosed to other insurance companies to which I have applied or may apply, settlement companies, reinsurance companies, the Medical Information Bureau, Inc., or other persons or organizations performing business, professional, or insurance functions for the insurance and/or settlement companies named below, or as may be otherwise legally allowed.

I understand that when information is used or disclosed pursuant to this Authorization, it may be subject to re-disclosure by the insurance company and may no longer be protected by the federal and state laws and regulations that may have applied in the first instance. This Authorization will remain in effect for 24 months from the date of my signature below.

I understand I may revoke this Authorization at any time by requesting such of my agent/broker in writing and sent to the healthcare provider, if required. I understand that such revocation would not be effective to the extent any of the parties herein have already relied upon this authorization.

A photocopy of this Authorization is as valid as an original. I acknowledge that I have received a copy of this Authorization and the Notice to Proposed Insured(s). If minor children are proposed for coverage, the above statements are made by the person authorized to act on their behalf.

I understand that I am not required to sign this Authorization. I understand, however, that if I do not sign this Authorization to release my records and information that the insurers and agencies listed herein may not be able to evaluate and place my application for insurance. I understand that any health care provider who receives this authorization will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this Authorization.

Signed in City \_\_\_\_\_, State \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Proposed Insured / Guardian or Custodian / Authorized Representative

X \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Authorized Recipients Insurance Companies and Agencies

Accordia Life  
AGLA  
Allianz  
American Equity  
American National  
Americo  
Ameritas  
Annexus  
ASPIDA  
Assurity  
Athene  
Athene National  
Atlantic Coast Life  
AXA Equitable Life  
Banner Life (Legal & Gen)  
Clearspring Life and Annuity  
Co. (formerly Guggenheim Life)  
Cincinnati Life  
Corebridge  
Delaware Life  
Equitrust  
ExamOne  
Express Imaging Services, Inc.  
F&G Life  
Foresters  
Genworth  
Gerber Life

Guaranty Income Life  
Insurance Co., a Kuvare Co.  
(GILICO)  
Gleaner Life Insurance Society  
Global Atlantic/Forethought Life  
Integrity Life  
Jetstream  
John Hancock  
Knighthead Annuity  
International  
Lafayette Life  
Legacy Marketing  
Liberty Bankers Life  
Lincoln Financial Group  
Lloyds of London  
LSW/National Life Group  
Mass Mutual  
Mass Mutual Ascend  
(formerly Great American)  
Met Life  
Mutual of Omaha  
Mutual Trust Life  
Nassau RE  
National Guardian Life  
National Western Life  
Nationwide  
New York Life  
North American  
Oceanview

OneAmerica  
Oxford Life  
Pacific Life  
Penn Mutual  
Principal  
Prosperity Life  
Protective Life  
Prudential  
Reliance Standard  
Royal Neighbors  
Sagcor  
SBLI  
Securian  
Security Benefit  
Sentinel Security Life  
SILAC  
The Standard  
Symetra  
Transamerica  
Upstream  
US Life  
Venerable (Formally VOYA)  
W&S Financial Group  
William Penn Life  
(Legal & Gen.)  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_