



GRECO PLANNING GROUP INC.
105 BROADHOLLOW ROAD
MELVILLE, NY 11747
TELE: (631) 390-4300
FAX: (631) 390-0087

Financial And Medical Records Authorization

This Authorization complies with the HIPAA Rule

Give completed and signed copy to proposed insured

Name of Proposed Insured (please print) _____

Date of Birth _____ SS# _____

I Authorize Greco Planning Group, Inc., the agent/ broker named below, Insurance support organizations (such as MIB, Inc) the companies listed at the bottom and their reinsurers, agents, employees, and representatives to obtain medical and other information. I authorize any health plan, physician, health care professional, hospital, laboratory, pharmacy, medical facility, or other health care provider, Insurance company, The Medical Information Bureau, Inc, employer consumer reporting agency or other organization, institution or person that has information available as to my employment of other insurance coverage, or the provided payment, medical care, treatment, supplies, advice or services to me or on my behalf within the past 10 days ("My Providers") to disclose such information, including my entire medical record and ant other protected health information concerning me to the individuals/entities above. This includes information on diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose the entire medical record without restriction. The protected health information is to be disclosed under the Authorization at my request, as permitted by 164.508(c)(1)(iv) of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

My protected health information is to be disclosed under this authorization so that the company may 1) underwrite my application for coverage by making eligibility, risk rating, policy certificate issuance and enrollment determination, 2) Obtain reinsurance: 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits: 4) administer coverage: and 5) conduct other legally permissible activities that relate to any coverage that I have or have applied for with these company(s).

This authorization shall remain in force 24 months following the date of my signature below, 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 **Greco Planning Group, Inc., 105 Broadhollow Rd., Melville, NY 11747**. 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 have relied on this authorization or to the extent that the companies listed below have 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 receipt and my no longer being protected by federal regulations governing privacy and confidentiality of health information (such as HIPAA privacy rules).

I understand that My Providers may not refuse to provide treatment or payment for healthcare services because I refuse to sign this authorization to release my complete medical records, my application may not be processed, or if coverage has been issued benefits payments may not be made. I acknowledge that I have read and received a copy of this authorization.

GRECO PLANNING GROUP, INC.
105 BROADHOLLOW ROAD
MELVILLE, NY 11747
TELE: (631) 390-4300
FAX: (631) 390-0087

21st Services

Aetna

Allianz

American General

American Mayflower Life

American National

APPS

Assurity

AUS

AVIVA

AVS

AXA/Equitable

Bankers Life

Banner

Berkshire Life Insurance Co.

Canada Life

Capital Source

CIGNA

Columbus Life

Companion Life Insurance Co.

Coventry

C.N.A. Life

Credit Suisse

Empire General

EMSI

Fidelity Security

Finance For Life

First Colony Life Insurance Co.

First Insurance Funding

First UNUM

Foresters

Francisco Financial Services

GE Life & Annuity

General American

Genworth

General Information Services, Inc.

Global Financial

Goldman Sachs

Greco Planning Group Inc.

Guardian Life Insurance Co.

Hartford

Illinois Mutual

Imperial

Indianapolis Life

Insurative US

John Hancock

Life Capital Securities

Life Insurance Settlements

Life Share

Life of Virginia

Life of Southwest

Lincoln - Jefferson Pilot Financial

Lincoln Benefit Life

Lincoln Financial

Lloyds of London

Manulife Life Insurance Co.

Massachusetts Mutual

MedEx

Metropolitan Life

Midland Life

Midland National

Minnesota Life

Mutual Inc.

Mutual of New York (MONY)

National Life of Vermont

Nationwide

New England Financial

New York Life

NIW

North American Co.

Pacific Life

Penn Mutual

Phoenix Life Insurance Co.

Pinnacle

Polaris

Portamedic

Premium Funding Group

Presidential Life Insurance Co.

Principal Life Insurance Co.

Protective

Prudential Life Insurance Co.

ReliaStar Life of NY

RCP

SBLI

Security Connecticut

Security Life of Denver Insurance Companies

Security Mutual

Select Life

Standard

State Life

Sun Life of Canada

The Producers Group

Transamerica Financial Life Insurance Co.

Transamerica Life Insurance Co.

Travelers Life Insurance Co.

Union Central

United of Omaha

US Life Insurance Co.

US Financial Life Insurance Co.

Valley Forge Life/CNA Life

Veris Settlement Partners

Voya

VSP Capital

West Coast Life Insurance Company

William Penn Life Insurance Company

Zurich

Authorization:

Signed at _____ This _____ Day of _____, 20____

Signature of Proposed Insured

Agent