



GRECO PLANNING GROUP INC.  
 175 Broadhollow Road, Suite 130  
 Melville, NY 11747  
 TELE: (631) 390-4300  
 FAX: (631) 812-1406

**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., 2929 Expressway Drive North, Ste. 200, Hauppauge, NY 11749**. 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.

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21<sup>st</sup> 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