

## HEALTH INFORMATION AUTHORIZATION

This Authorization complies with the HIPAA Privacy Rule

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers"), or consumer reporting agency, or the Medical Information Bureau to disclose my entire medical record and any other protected health information concerning me to Equitable Life & Casualty Insurance Company (Equitable) and its agents, employees, and representatives. This includes information on the 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 any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

My protected health information is to be disclosed under this Authorization so that Equitable may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill their responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Equitable.

For a period of 120 days from the date of this Authorization I authorize my Equitable Agent to receive certain protected health information about me that is related to an adverse underwriting decision or counteroffer for alternative coverage made during the underwriting of my application.

This Authorization shall remain in force for 30 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 Equitable at 3 Triad Center, Salt Lake City, Utah 84180, Attention: Privacy Officer. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that Equitable has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, Equitable may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I acknowledge that I have received a copy of this Authorization and Privacy Notice.

\_\_\_\_\_  
Name of Proposed Insured (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Proposed Insured or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority or Relationship to Proposed Insured (if applicable)

**NOTICE OF OUR PRIVACY POLICY**  
**THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION**  
**ABOUT YOU MAY BE COLLECTED, USED AND DISCLOSED AND**  
**HOW YOU CAN GET ACCESS TO THIS INFORMATION.**  
**PLEASE REVIEW IT CAREFULLY.**

Because of your insurance application to our company we are providing you this important notice describing our current privacy policy and practices. Equitable Life & Casualty has been in the life and health insurance business since 1935. In all that time, we have been sensitive to the collection of personal and health information about consumers and customers, and in protecting it from disclosure to others. From the outset, it is important for you to understand that we respect your privacy, whether you do business with us directly at our home office, on our website ([www.EquiLife.com](http://www.EquiLife.com)) or through an Equitable agent. Keeping your personal and health information confidential and protected against unauthorized access and use is very important to us.

**THE KIND OF INFORMATION WE COLLECT AND RECEIVE**

Most all information we receive about you comes directly from you, such as your name, address, birth date, Social Security number, telephone number, or e-mail address. Health information about you is provided by your medical providers (doctors, clinics, hospitals, laboratories, etc.) based on your written Authorization.

**WHAT WE DO WITH THIS INFORMATION**

We do not share or disclose any personal or health information you give to us with any nonaffiliated third party (person, entity or organization) without your written permission. We do not sell or market our customer information to anyone. There are times, under federal or state law, that we may be required to disclose personal or health information without your Authorization. *Under no circumstances will any information be disclosed to anyone else for marketing purposes, such as telemarketing, direct mail or electronic mail marketing.*

**HOW WE PROTECT THIS INFORMATION**

Our employees and agents are required to keep your personal or health information confidential. Our intention is to request or access only the minimum amount of information necessary to help you. We maintain all personal or health information in a secured database, with security and procedural measures in place, in compliance with federal law, to safeguard your protected information and alert us when, and if, unauthorized access is attempted.

**HOW TO FIND OUT ABOUT THE INFORMATION WE HAVE**

All you need to do is write to us and request copies of the personal or health information we have about you in our records. You can also find out who we have disclosed this information to and for what reason. If you believe that any personal or health information we have about you is incomplete, inaccurate or incorrect, you have the right to request that we correct or delete it. If your request concerns health information we received from a doctor, hospital or other medical provider, we will refer you to that person or entity. You may, in a private consultation with them, have the necessary corrections made to that information and sent to us.

If you have any questions about this Notice, we can be reached by mail at:

Equitable Life & Casualty Insurance Company  
3 Triad Center  
Salt Lake City, UT 84180-1202  
ATTN: Privacy Officer  
Telephone (toll free): 800-352-5150  
E-mail: [Info@EquiLife.com](mailto:Info@EquiLife.com)