



GRECO & O'NEAL WEALTH STRATEGIES
1393 Veterans Memorial Highway, Ste. 307S
Hauppauge, NY 11788
Phone: 631.390.4300 x700
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., 12 Clifton Dr., Patchogue, NY 11772**. 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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21st Services
Advisors Excel
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
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.
Illinois Mutual
Imperial
Indianapolis Life
Insurative US
John Hancock
Life Capital Securities
Life Insurance Settlements
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
Symetra
Talcott Resolution
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