

**11095 Viking Drive, Suite 230
Eden Prairie, MN 55344
Phone: 800-356-4189
Fax: (952) 941-9686**



**Health Insurance Portability and Accountability Act (“HIPAA”)
This Authorization is HIPAA compliant.**

Proposed Insured: _____

Purpose:

The purpose of this Authorization is to permit ECA Marketing, Inc. to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions listed on the bottom portion of this document. Information that may be released to and disclosed to ECA Marketing, Inc. and the carriers listed on the bottom of this document pursuant to this Authorization shall include any and all Information, to the extent permitted by applicable law.

Information to be Released:

The information to be released pursuant to this Authorization includes any personal health information, records or data concerning my past, present, or future mental, physical or behavioral health or condition (“Information”), to the extent permitted by law.

Specifically, Information includes all information, records or data relating to my physical or mental history or condition; medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances; occupation; avocation, including any hazardous hobbies; driving records; aviation activities and other personal traits.

I understand that this Information may include results from blood, saliva, urine and other tests.

I further understand that this Information may, if applicable, include information regarding diagnosis, prognosis and treatment of alcohol or drug abuse (including records protected under federal law 42 CFR Part 2); serious communicable disease or infection, including sexually transmitted diseases; HIV infection, including medical test results.

Authorization:

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has Information about me to release such Information to ECA Marketing, Inc. and its authorized representatives.

I specifically authorize the Companies listed on the bottom portion of this document to receive Information from and to release Information to ECA Marketing, Inc. I also specifically authorize ECA Marketing, Inc. and the Carriers listed on the bottom portion of this document to release Information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB) to release Information directly to any Carrier listed on the bottom portion of this document, upon such insurer’s request, provided the insurer is a member of the MIB.

I understand that Information disclosed to ECA Marketing, Inc. may have been subject to state and federal privacy laws and regulations. Once Information is disclosed to ECA Marketing, Inc., it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, ECA Marketing, Inc. may not be able to process my request.

A photocopy of this Authorization shall be as valid as the original.

This Authorization shall be effective for six months after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to ECA Marketing, Inc. at 11095 Viking Drive, Suite 230, Eden Prairie, MN 55344. Any action taken in reliance on this Authorization prior to the notice of the revocation shall be valid.

Signed at _____ this _____ day of _____, 20 _____

This authorization is effective up to _____ day of _____, 20 _____.

Signature of Proposed Insured

- Advanced Settlements
- AI Credit
- Allianz Life Insurance Co.
- American General
- American National
- Americo Financial Life Ins. Co.
- Amerus/Aviva
- Assurity
- AXA
- Banner Life
- CFC of Delaware
- Coventry
- Credit Suisse
- Fidelity Life
- General American
- GenWorth/First Colony
- Guardian
- Hartford
- Indianapolis Life Ins. Co.
- ING/Reliastar
- John Hancock
- Lafayette Life
- Liberty Life (RBC)
- Life Insurance Concepts
- Life Insurance Settlements
- Life of the Southwest
- LifeStyle Settlements
- Lincoln Benefit Life
- Lincoln Financial
- Metropolitan Life

Witness Signature

- Minnesota Life
- Mutual of Omaha
- National Western
- Nationwide
- New York Life
- NIW
- North American Life & Health
- Old Mutual Financial Network
- (Americo, F&G)
- Pacific Life
- Penn Mutual
- Phoenix Life
- Polaris
- Premium Funding Group
- Presidential Life
- Principal
- Protective Life
- Prudential
- Ridge Capital
- Shenandoah Life
- Sun Life Financial
- Transamerica
- Union Central
- United of Omaha
- West Coast Life
- William Penn of New York
- Western Reserve Life