



HIPAA Compliant - Underwriting Authorization

## Underwriting Authorization Requirements

Attached is the e4 Brokerage, LLC, underwriting authorization.

Having your client sign this form gives both you and your client the ability to obtain the best offer possible for their individual situation. This authorization gives e4 Brokerage, LLC, the opportunity to present the medical information of a particular case to several different carriers to see how they view the case.

When submitting the underwriting authorization to e4 Brokerage, LLC, **without** a formal application, please complete as many questions as possible on the attached Insured Information form:

- Client's full name
- Client's date of birth
- Client's social security number
- Client's address, and
- Name, address, and phone number of physician or facility where medical records can be obtained. If medical records are ordered directly from the physician or facility by e4 Brokerage, LLC, the agent is responsible for the cost of the records if the case is not placed with a carrier.

When submitting the underwriting authorization to e4 Brokerage, LLC, **with** a formal application, please be sure to include the following details:

- Contracting for which the company the application is being written, including resident licensing. Also include nonresident licensing and proof of Errors and Omissions if required
- All completed, signed, and dated state required new business forms
- Any medical requirements should be ordered by the writing agent.

We appreciate your business. If you have any questions, please contact us at 701-356-1270.

Disclaimer: Not an application for life insurance. This inquiry is exclusively for specific information on a proposed insured's medical history and other factors that may affect underwriting and rating classification.

**INSURED INFORMATION**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  M  F Social Security or Tax ID Number: \_\_\_\_\_

1. Any weight change of 10 lbs. or more in the last year?  Yes  No If yes, how much? Reason? \_\_\_\_\_

2. Tobacco or nicotine use of any form (cigarette, cigar, chew, gum, etc.?)  Yes  No  
 If yes, type, quantity, and frequency? \_\_\_\_\_  
 If insured quit using tobacco, how long ago? \_\_\_\_\_

3. I am a resident of the state of \_\_\_\_\_

4. Do you plan any foreign travel or residency outside of the U.S. or Canada in the next two years?  Yes  No  
 If yes, where to and for how long? \_\_\_\_\_

5. Have you traveled outside of the U.S. or Canada in the past three years?  Yes  No  
 If yes, provide details \_\_\_\_\_

6. In the past two years, have you flown as a pilot or co-pilot?  Yes  No

7. Are you involved in any potentially hazardous or dangerous hobbies (ballooning, boxing, diving, white water rafting, rodeo events, racing, hang gliding, parachuting, etc.?)  Yes  No If yes, please indicate \_\_\_\_\_

8. When operating a motor vehicle, boat, or aircraft in the last three years, have you:  
 A. Been convicted of any moving violations?  Yes  No  
 B. Had an operator's license restricted, suspended, or revoked?  Yes  No  
 C. Been convicted of operating under the influence of alcohol or drugs?  Yes  No  
 Please provide details for any "yes" responses: \_\_\_\_\_  
 \_\_\_\_\_

9. List current medications, including dosage and frequency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Who is your primary care physician? (name, address, phone number): \_\_\_\_\_  
 \_\_\_\_\_

11. List all other medical doctors seen in the last five years (name, address, phone number): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Current blood pressure and date it was last taken: \_\_\_\_\_

13. Total Cholesterol Level: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL: \_\_\_\_\_ Chol/HDL: \_\_\_\_\_

14. Have you ever been diagnosed with cancer?  Yes  No Date Diagnosed? \_\_\_\_\_ Type of Cancer? \_\_\_\_\_

15. Do you have cardiac problems?  Yes  No Date Diagnosed? \_\_\_\_\_  
 Specific problems and treatments w/ current status: \_\_\_\_\_

16. Do you have diabetes?  Yes  No

17. Date of Onset? \_\_\_\_\_ Recent A1C level: \_\_\_\_\_ Type?  1  2 Insulin Dependent?  Yes  No

18. Have you been diagnosed with a serious condition not listed above?  Yes  No  
 If so, please provide some general information about your condition: \_\_\_\_\_

19. List immediate family members (parents and siblings) ages, names, sex. If deceased, cause of death and age? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## Underwriting Authorization

I hereby understand the necessity for personal medical information to be released to facilitate complete and thorough underwriting. Therefore, I authorize any health care provider, not limited to any one type or source, to release all personal medical records, including information related to the diagnosis or treatment of Human Immunodeficiency Virus, sexually transmitted diseases, lab results, suicidal or mental disorders, and all other information concerning my health to e4 Brokerage, LLC.

I authorize and instruct my insurance providers to release and disclose my entire medical record without delay or restriction.

This personal and protected health documentation is to be released and disclosed to e4 Brokerage, LLC, for the purpose of underwriting decision, to obtain insurance, and to authorize other legally permitted actions that relate to coverage for which I have applied with any of the insurance institutions named in this document.

This document is valid for a period of no longer than 24 months following the date of my signature. If for any reason I wish to terminate this document I may do so in writing to:

**e4 Brokerage, LLC  
Attn: New Business Team  
2280 45<sup>th</sup> St. South; Suite C  
Fargo, ND 58104**

A revocation is not effective if any of my providers have relied on this information or to contest the policy itself. I also understand that information disclosed pursuant to this authorization may be redisclosed and no longer covered by certain federal rules governing privacy.

The applicant agrees and understands that the applicant has filed an application with e4 Brokerage, LLC, for life insurance or to secure another financial product or service. During this application e4 Brokerage, LLC, has asked for underwriting information and medical necessities from the applicant. This information will be provided to and shared with potential underwriters, staff, and internal support for the sole purpose of underwriting. This information may be stored in an electronic database in which internal users may have access for review. This electronic storage of information allows underwriters and staff to review the stored information real-time for efficient decision making. Secure measures are always strictly enforced to protect unauthorized users from gaining access to this secure information. However, e4 Brokerage, LLC, its affiliate company, shareholder, staff, or any other associate member of e4 Brokerage, LLC, is not liable or responsible if a security breach occurs due to hackers or other persons who gain access.

The applicant will hold e4 Brokerage, LLC, harmless from any unauthorized access to or use of by any person or company any of the above information.

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## Privacy Policy

### Due Diligence

e4 Brokerage, LLC, may collect public, non-public, and private personal health and financial information about you from any, or all, of the following sources:

1. Information received from your personal application, additional forms and questionnaires.
2. Personal business transactions with the aforementioned institutions and product sponsors.
3. Third-party, non-affiliate companies, such as credit reporting agencies.
4. Affiliated and unaffiliated product sponsors in which we have a solicitation agreement with and whose products you may personally own.

### Disclosure of Information

e4 Brokerage, LLC, does not share non-public or private information about our past, present, or future clients with any third party except where permitted by law.

e4 Brokerage, LLC, will not share any of this information for marketing purposes except where permitted by law.

Examples of third parties that we would likely share information with include, but are not limited to:

1. Insurance institutions, financial institutions, insurance support companies, and other entities which directly affect and influence purchases and sales of insurance and the maintenance of your personal insurance coverage of accounts.
2. Securities clearing agencies.
3. Third-party investment advisory forms where we maintain relationships for the management of customer accounts.
4. Regulatory or federal, state, or municipal authorities.
5. Record keeping companies.

### Protection of Information

e4 Brokerage, LLC, is determined to uphold and enforce the strictest security measures available today. It is our duty to update these systems periodically. Your information as mentioned above is only available to parties requiring access to process, underwrite, and service your account. These safeguards are constantly monitored to ensure protection within federal, state, and municipal regulations.



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The insurance carriers represented below uphold the highest degree of security and confidentiality. The applicant has reviewed the companies listed below and understands that any or all of the institutions listed may be used to secure the best insurance or financial offer.

- 21st Services LLC
- Aetna Life
- AIG Life
- Allianz
- Allstate Life Insurance
- American General
- American Investors
- American National
- Assurity
- AVS, LLC
- AVIVA
- AXA/Equitable
- Banner Life
- BMA
- Cologne Life Re
- Columbus Life
- Companion Life
- Coventry Financial
- Credit Suisse First Boston
- EMC
- Eide Bailly Financial Services, LLC
- Examination Management Services, Inc
- Fasano Associates, Inc
- Fidelity Security
- Foresters Life
- Fort Dearborn
- GE Capital
- Genworth
- Guardian Life
- Hartford Life
- ING
- Illinois Mutual
- Integrity Life Settlements
- John Hancock
- Lafayette Life
- Lewis & Ellis
- Life Investors
- Life of the Southwest
- Life Settlement Alliance
- Lincoln Benefit Life
- Lincoln National
- Lincoln Ntl Re
- Mass Mutual
- Medamerica
- Met Life
- Meyer-Chatfield Corp.
- Midland Life
- Minnesota Life
- Mutual of Omaha
- Mutual Trust Life
- NACOLAH
- National Life of Vermont
- Nationwide
- Ntl Guardian
- New York Life
- Ohio National
- Old Mutual
- Old Republic
- Pacific Life
- Pacific Mutual
- Partners Advantage Insurance Services, LLC
- Presidential Life
- Principal Life
- Protective Life
- Prudential
- Physicians Life
- Rumson Capital
- SAFECO
- Security Connecticut
- Security Life of Denver
- State Life
- Sun Life of Canada
- The Standard
- Transamerica
- Travelers Life & Annuity
- Trinity Financial LLC
- United of Omaha
- Union Central
- Unum/Provident
- US Financial
- US Life
- West Coast Life
- Western Reserve Life
- Other insurance company:

**Signature Authorization**

I have read and completely understand this document. I have the right to rescind my authorization as described in page 1, paragraph 3. I have received a copy of this document. I agree this document shall be valid for a period of twenty-four (24) months from the date below.

\_\_\_\_\_  
Signature of Proposed Insured/Parent Guardian

\_\_\_\_\_  
Printed Name of Proposed Insured/Parent or Guardian

\_\_\_\_\_  
Proposed Insured Date of Birth

\_\_\_\_\_  
Proposed Insured Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signed on this date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature of Witness