

Authorization Form



Insured Name: _____ Date of Birth: _____
 Advisor Name: _____ Advisor Phone: (_____) _____ State: _____

The purpose of this Authorization is to permit Ash Brokerage, its affiliates, and its authorized representatives and service providers (collectively "Ash Brokerage") 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 below.

I specifically authorize any physician or other medical practitioner, hospital, clinic, or other health-related facility, medical testing laboratory, insurer, state motor vehicle department, my past or current employer(s), the Social Security Administration, companies maintaining my data and any other organization, institution or person who has information or documentation about me to release such information and documentation to Ash Brokerage, its authorized representatives and one or more of the insurers or other institutions listed below. The information and documentation to be released shall specifically include any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition including, but not be limited to, documents relating to my mental and physical health, mental health records, drug/alcohol abuse treatment records, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, any other communicable disease records, genetic testing, general reputation, mode of living, finances, occupation, driving records and other personal traits ("Information").

Additionally, I specifically authorize Ash Brokerage to release any and all Information it receives about me to its affiliates, the companies listed below, my insurance agent(s) and companies or individuals working on behalf of Ash Brokerage. I also specifically authorize Ash Brokerage and the companies listed below to release any and all Information about me to their respective 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 any and all Information about me directly to any company listed below, upon such company's request, provided the company is a member of MIB. I understand that any party providing or receiving information may pass records through an electric health information exchange or directly through an electronic health records system of the below companies.

This Authorization shall be effective for two (2) years after the date signed below. I understand I have the right to revoke this Authorization at any time by sending a written notice of revocation to Ash Brokerage, 888 S. Harrison St., Ste. 900, Fort Wayne, IN 46802. I understand any action taken in reliance on this Authorization prior to Ash Brokerage's receipt of the written notice of the revocation shall be valid. I also understand any information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I understand execution of this Authorization is voluntary and that I can refuse to sign this Authorization. I understand my refusal to sign this Authorization will not affect my ability to obtain treatment or payment or my eligibility for health care benefits. However, I understand my refusal to sign this Authorization may prevent me from obtaining insurance products or services from one or more of the companies below.

I acknowledge that I have read and understand the above and agree this Authorization was completed prior to my signature. I further agree that a copy of this Authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by Ash Brokerage and/or any third party designated herein and that I may have a copy upon request.

Proposed Insured's Signature / Guardian, Custodian or Authorized Representative - Include Capacity _____ Date _____

Witness Signature _____ Witness Printed Name _____ Date _____

AIG / American General	First Palladium	MassMutual	Prudential Insurance Company of America
Allianz	Foresters	Metropolitan Life Ins. Co. of NY	Quest Diagnostics and its affiliates
Allianz Life of NY	Forethought Life Insurance Co.	Midland National	Reliance Standard
American Equity	Genworth LTC	Minnesota Life	Reliastar - QuintaFlex
American Memorial	Gerber	Mutual of Omaha	Sagicor
American National	Gleaner	National Guardian	Savings Bank Life Insurance Co. of MA
American National of NY	Global Atlantic Financial Group	National Integrity Life	Securian Life
Americo Financial Life and Annuity Ins.	Great Western Insurance Company	National Life Group	Security Life of Denver Insurance Company
Ameritas	Guarantee Trust Life	National Western Life	Security Mutual of NY
Assurity	Guggenheim	Nationwide - Provident Mutual	The Standard
Athene Annuity	Great American	New York Life	The Standard Life Insurance Company of NY
Athene Life of NY	HealthPiQture	North American	The State Life Insurance Company
Banner Life	Illinois Mutual	Pacific Life Insurance Company	Symetra
Brighthouse Life Ins. Co.	Impaired Disability Underwriters	Pan-American Life Insurance Company	Thrivent
Brighthouse Life Ins Co. of NY	Integrity Life	Pan-American Assurance Company	Transamerica Insurance Company
Columbian Life Insurance	John Hancock LTC	Petersen International	Transamerica of NY
Columbian Mutual Life	John Hancock of NY	Phoenix Life Insurance Co.	United Home Life
Companion Life of NY	John Hancock USA (MAN)	Presidential	United of Omaha
Equitable	Kemper	Presidential Life Disability NY	Universal Life
Equitrust	LabCorp	Principal Life Insurance Company	US Life of New York
ExamOne	Lafayette Life	Principal National Insurance Company	Voya Insurance & Annuity Company
Fidelity & Guaranty	Liberty Life	Protective Life	William Penn of NY
Fidelity & Guaranty of NY	Lincoln National Life	Protective Life of NY	Zurich
Fidelity Life	Lincoln National Life of NY	Pruco Life Insurance Company	
Fidelity Security	Lloyd's of London	Pruco Life Insurance Company of New Jersey	

Other Company: _____ Insured Initials: _____

Ash Brokerage will employ its best efforts to disclose information only to those insurance companies deemed necessary to provide the best result for the proposed insured.

*MIB is a not-for-profit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file.

Privacy Policy



Protecting your privacy

Ash Brokerage, LLC and its affiliates (“Ash”) (please see our website for a list of affiliated companies: legal.ashbrokerage.com) support insurance agents in their sale and marketing of insurance products; and, in some cases Ash may be part of transactions directly with end consumers. As part of the process of providing products and/or services, we are committed to protecting your privacy concerning the personal information (“PI”) we collect about you. We do not sell your PI to third parties, but we may share it with third parties as necessary to provide you with the products or services you or your agent request and to administer your business with/through us. This Notice describes our current privacy practices. For as long as we have your PI, we will protect it.

Information we may collect and use

We collect PI about you as part of the services we provide to you and/or your agent. The type of PI we collect depends on the products or services and may include the following:

- Information from you: When you respond to online marketing or submit applications or other forms, you give us information that may include your name, address, Social Security number, date of birth and history concerning financial, health, and employment matters.
- Information about your transactions: We keep information about your transactions, such as the products you buy and the amount you paid for those products.
- Information from other sources: We may collect information from consumer reporting agencies such as your credit history, credit scores, and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.

How we use your personal information

We may share your PI within our company, and with affiliates, insurance companies, insurance support organizations, certain parties to effectuate your transactions, marketers and those you have authorized us to share. We or they use this information for identification purposes, to process your requests and transactions, to offer or provide insurance/investment services on our behalf, to provide customer service, or to analyze in order to enhance our products and services. Information we obtain from reports prepared by service providers may be kept by the service providers and shared with other persons; however, we require our service providers to protect your PI and to use or disclose it only for the work they perform for us, or as permitted by law. When you apply for a product, we may share information about your application with credit bureaus. We also may provide information to regulatory authorities, law enforcement officials and to others when we believe in good faith that the law requires disclosure.

Security of information

We have an important responsibility to keep your information safe. We use physical, electronic and procedural safeguards to protect your information from unauthorized disclosure. Our employees are trained and authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your PI are required to keep it confidential. Employees are trained on the importance of data privacy. When we share PI with third parties for the purposes noted above, we ensure there are contractual restrictions on their use and disclosure of that information.

Your rights regarding your personal information

- Accuracy of Information: We strive for accurate records. Please tell us if you receive any incorrect materials from us or if you feel the PI we have about you is inaccurate, incomplete, or not current by writing to us at the below address. We will correct any inaccurate or outdated information as soon as possible.
- Access: We will tell you what PI we have about you that by law we are required to provide you (“Disclosable PI”). Upon written or phone request, you may see a copy of the Disclosable PI in person or receive a copy by mail or email, whichever you prefer. Please give us 45 business days to prepare. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. For certain state requirements, please see our website: legal.ashbrokerage.com.

Contacting us

If you have questions about this privacy notice, please contact us at:

Ash Brokerage, LLC
Attn: Chief Compliance Officer
888 South Harrison Street, Suite 900
Fort Wayne, IN 46802
(800) 589-3000

**We may change our privacy practices at times. We will give you a revised notice if required by law.*

**Our privacy practices comply with all applicable laws. If a state's privacy laws are more restrictive than those stated in this notice, we comply with those laws.*

**Your agent, consultant or advisor may have a different privacy policy.*