



**BELMAN KLEIN**  
Associates, Ltd.

INSURANCE, ADVANCED MARKETING  
AND FINANCIAL SERVICES

5560 Sterrett Place, Suite 200  
Columbia, Maryland 21044  
1-800-729-6007 / 410-730-8242  
www.belmanklein.com

**FINANCIAL AND MEDICAL  
RECORDS AUTHORIZATION FORM**

This Authorization is HIPAA compliant

Print Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS#: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

The purpose of this Authorization is to permit BELMAN KLEIN ASSOCIATES, LTD. 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 authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided treatment or services to me or on my behalf within the past 10 years ("my Providers") to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") concerning me to BELMAN KLEIN ASSOCIATES, LTD and its staff, affiliated companies and/or entities, insurance companies and their re-insurers. 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 with my Providers that restrict disclosure of my medical records and any associated HIPAA protected health information do not apply for purposes of this authorization and I instruct my Providers to release and disclose my entire medical record without restriction. I understand that the information contained in these records may be used only for the purpose of the procurement, or the evaluation or underwriting for the possible procurement, or life, health, long term care, or other insurance products. In connection therewith, I specifically authorize the companies listed below to receive information from, and to release information to, BELMAN KLEIN ASSOCIATES, LTD. I also specifically authorize BELMAN KLEIN ASSOCIATES, LTD and the companies listed below to release information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. This Authorization shall be effective for twelve months after the date signed below. I understand that I am entitled to receive a copy of this authorization. I understand that I can revoke this authorization by sending written notice of the revocation to BELMAN KLEIN ASSOCIATES, LTD, 5560 Sterrett Place Suite 200 Columbia MD 21044 and that the revocation will take effect when received by BELMAN KLEIN ASSOCIATES, LTD. Any action taken in reliance on this authorization prior to the notice of the revocation shall be valid. I understand that any information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by certain state and federal rules governing privacy and confidentiality of health information. I acknowledge that I have read and understand the above authorization. I also understand and acknowledge that each of the insurers listed on this form or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. 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 BELMAN KLEIN ASSOCIATES, LTD and/or any third party designated herein.

- AI Credit
- Allianz
- Allstate Life Insurance Co. of NY
- American General Life
- American Mayflower
- American National Life
- AVS
- AXA
- Banner Life
- BRAMCO CPU
- Cantor Fitzgerald
- Coventry First
- Credit Suisse
- EMSI
- Exam One
- Fidelity & Guarantee Life
- First Colony Life
- GE Capital Assurance
- GE Capital Life of NY
- GE Life & Annuity
- Genworth Financial
- Guarantee Trust Life
- Hartford Life
- Hooper Holmes
- ING
- Jefferson Pilot Life
- John Hancock USA
- LexNet
- Lifeline Program
- Life Settlement Insights
- Lincoln Benefit Life
- Lincoln Financial Group
- Lincoln Financial Distributors
- Lincoln Life & Annuity Company of NY
- MetLife
- MediConnect
- Mutual of Omaha
- Portamedic
- Presidential Life
- Prudential
- ReliaStar Life
- ReliaStar Life of NY
- RSA Medical
- ScanTech Solutions / LabOne
- Security Connecticut Life
- Security Life of Denver
- Sun Life Financial
- Transamerica
- United of Omaha
- USG Annuity
- US Financial Life
- West Coast Life
- William Penn
- 21<sup>st</sup> Services



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**PRIVACY POLICY**

At BELMAN KLEIN ASSOCIATES, LTD, protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to using it responsibly. Because of our commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

**Collection of Information**

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we received from you on applications, new account forms and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you;
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

**Disclosure of Information**

We will not share nonpublic personal information concerning our potential, current, or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law. Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to effect purchases and sales and allow for the servicing of your account;

- Your agent or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Businesses, such as banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record keeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information

**Protection of Information**

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within BELMAN KLEIN ASSOCIATES, LTD Corporation, your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic, and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.

Proposed Insured's Signature/Guardian or Custodian/Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

Broker/Agent/Agency/Firm Signature \_\_\_\_\_ Date: \_\_\_\_\_