



HIPAA Compliant – Underwriting Authorization

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 anyone type or source, to release all personal medical records, including information related to the diagnosis to treatment of Human Immunodeficiency Virus, sexually transmitted diseases, suicidal or mental disorders, an all other information concerning my health to Optima Financial and Insurance Services, LLC.

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

This personal and protected health documentation is to be released and disclosed to Optima Financial and Insurance Services, 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:

Optima Financial & Insurance Services
Attn: New Business Team
1101 5th Avenue, Suite 350
San Rafael, CA 95472

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

The applicant agrees and understands that the applicant has filed an application with Optima Financial and Insurance Services, LLC, for life insurance to secure another financial product or service. During this application Optima Financial and Insurance Services, 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, Optima Financial and Insurance Services, LLC, its affiliate company, staff, or any other associate member of Optima Financial and Insurance Services, LLC, is not liable or responsible if a security breach occurs due to hackers or other persons who gain access.

The applicant will hold Optima Financial and Insurance Services, 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

Optima Financial and Insurance Services, 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-affiliated 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

Optima Financial and Insurance Services, 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.

Optima Financial and Insurance Services, LLC, will not share any of this information for marketing purposes except where permitted by law.

Example 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 firms 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

Optima Financial and Insurance Services, 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 presented below uphold the highest degree of security and confidentiality. The applicant has reviewed the companies listed below and understand that any or all of the institutions listed may be used to secure the best insurance or financial offer.

- Allianz
- American General
- American National
- Assurity
- Athene
- AXA/Equitable
- Fidelity & Guarantee
- Foresters
- Global Atlantic
- John Hancock
- Lafayette
- Legal & General American (Banner)
- Life of the Southwest
- Lincoln Financial/National
- Mass Mutual
- Minnesota Life/Securian
- Mutual of Omaha
- Nationwide
- NACOLAH
- OneAmerica
- Partners Advantage
- Principal Life
- Protective Life
- Prudential
- Sagicor
- SBLI
- Security Life of Denver
- Standard
- Symetra
- Transamerica/TransFamily
- United of Omaha

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 Guardian

Signed on this date

City

State

Signature of Witness