

11095 Viking Drive, Suite 230  
Eden Prairie, MN 55344  
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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

Witness Signature

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  
First Symetra National Life Insurance Company of New York

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

Minnesota Life  
Mutual of Omaha  
National Western  
Nationwide  
New York Life  
NIW  
North American Life & Health  
Old Mutual Financial Network (Americom, F&G)  
Pacific Life  
Penn Mutual  
Phoenix Life  
Polaris  
Premium Funding Group  
Presidential Life  
Principal

Protective Life  
Prudential  
Ridge Capital  
Sagicor  
Shenandoah Life  
Sun Life Financial  
Symetra Life Insurance Company  
Transamerica Life Insurance Company/TLIC  
Transamerica Financial Life Insurance Company/TFLIC  
Union Central  
United of Omaha  
West Coast Life  
William Penn of New York  
Western Reserve Life