

Informal Inquiry

This is not an application for insurance



**RAMPART
AGENCY**
INSURANCE SERVICES

Agent's Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Proposed Insured : _____ Sex: Male Female Date of Birth: _____

SSN: _____ - _____ - _____ Place of Birth: _____ Resident State: _____

PHYSICIAN / HOSPITAL INFORMATION

Name, Address, Phone Number	Reason For Treatment	Date of Last Visit
Primary care physician		
All other physicians or hospitals providing treatment in the past ten years		

AUTHORIZATION FOR RELEASE OF HEALTH RELATED INFORMATION. THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE.

I authorize any physician, health plan, medical practitioner, medical care provider, psychologist, chiropractor, physical therapist, hospital, nursing home, mental health facility, rehabilitation or ambulatory care center, medical clinic, laboratory, pharmacy, Pharmacy Benefit Manager, treatment facility, or other medical or medically related facility, specifically including those persons/organizations listed above, to give or disclose my entire medical record and any other protected health information concerning me for the past 10 years to Rampart America, Inc. (the Company), its agents, employees, vendors or representatives. Any and all records and information regarding diagnosis, testing, treatment, and prognosis of my physical or mental condition are to be released. 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. This protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for through the Company. By signing below, I terminate any agreements I have made to restrict my protected health information and I instruct any physician, health care professional, hospital, clinic, medical facility or other health care provider to release and disclose my entire medical record without restriction. This authorization shall be valid for two (2) years after the date on which it is signed by me, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company at the address below. I understand that a revocation is not effective if any of My Providers has relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information. I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I understand and acknowledge that I will receive or have received a copy of this authorization.

Signature of Primary Proposed Insured
(If age 15 or over, otherwise applicant)

Date

AIG · American National · Ameritas · Assurity · AXA Equitable · Banner Life · Brighthouse · Cincinnati Life · Columbus Life · Companion Life of NY · Fidelity Life Exceptional Risk Advisors · Fidelity Security · Foresters · Genworth Life and Annuity · Global Atlantic · Hanleigh Management, Inc. · Integrity Life · International Specialty Insurance · John Hancock Life · John Hancock of NY · John Hancock USA · Lifenforce Financial · Lincoln Life & Annuity Co. NY · Lincoln National · Lloyds of London · MassMutual · Minnesota Life Ins. Co. · Mutual of Omaha · National Life Ins. Co. · Nationwide · New York Life · North American · PacLife · Penn Mutual Life Ins. · Petersen International Underwriters · Principal Life Ins. Co. · Principal National Life Ins. Co. · Pro Financial Services, LLC · Protective Life · Protective Life of NY · Prudential Life · Savings Bank Life Ins. Co. of MA · Securian · Security Life of Denver · Security Mutual Life · Standard Insurance Company · Symetra Life Ins. Co. · Transamerica Life Ins. Co. · UNIFI Companies · United of Omaha · US Life of New York · Voya Financial · Welcome Funds, Inc. · William Penn of NY · Zurich American Life Insurance Company · Zurich

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