



**WESTLAND**  
FINANCIAL SERVICES INC

# HIPAA Compliant - Underwriting Authorization

## Underwriting Authorization Requirements

Attached is the Westland Financial Services, Inc. underwriting authorization. Having your client sign this form gives both you and your client the ability to obtain the best offer possible for their individual situation. This authorization gives Westland Financial Services, Inc. the opportunity to present the medical information of a particular case to several different carriers to see how they view the case.

When submitting the underwriting authorization to Westland Financial Services, Inc. without a formal application, please complete as many questions as possible on the attached insured information form:

- \* Client's full name
- \* Client's Date of Birth
- \* Client's social security number
- \* Client's address, and
- \* Name, address and phone number of physician or facility where medical records can be obtained. If medical records are ordered directly from the physician or facility by Westland Financial Services, Inc., the agent is responsible for the cost of the records if the case is not placed with a carrier.

When submitting the underwriting authorization to Westland Financial Services, Inc., with a formal application, please be sure to include the following details:

- \* Contracting for which the company the application is being written, including resident licensing. Also include non-resident licensing and proof of errors and Omissions if required.
- \* All completed, signed and dated state required new business forms
- \* Any medical requirements should be ordered by the writing agent.

Westland Financial Services, Inc. appreciates your business. We strive to make life easy. If you have any questions, please contact us at (800) 238-8144.



# Health Questionnaire/ Informal Application

Agent Name \_\_\_\_\_ Date of Birth: / / Client's Name: \_\_\_\_\_

Male  Female  Height ft. in. Weight \_\_\_\_\_ Weight loss in the last year \_\_\_\_\_

Intended Face Amount \$ \_\_\_\_\_ Term  UL  SUL

Has the client ever used nicotine? YES  NO  Product/frequency/date last used \_\_\_\_\_

Has this case been rated, declined by another carrier or shopped? Please provide details \_\_\_\_\_

Are specific carriers being considered? Please list in order of preference \_\_\_\_\_

Are you aware of underwriting issues? ex. aviation, occupation, travel, etc. \_\_\_\_\_

Please mark if there is a parent or sibling who has had: cancer  diabetes  stroke  heart disease   
provide age of diagnosis \_\_\_\_\_

Do you have diabetes? YES  NO  Date of diagnoses \_\_\_/\_\_\_/\_\_\_ Current A1C \_\_\_\_\_ Type I  Type II

Current blood pressure \_\_\_\_\_ Total cholesterol level \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ Chol/HDL \_\_\_\_\_

Known medical conditions with details (ex. cardiac issues, cancer, complications of diabetes) \_\_\_\_\_

Please list medications, dosages and reason taken below (if more room needed use reverse side)

Medications	Dosage	Reason for taking

Are you providing Medical Records? \_\_\_\_\_

Please list any doctors below that records are not provided for

Doctor Name	Phone	Address	Last Date Seen	Type of Doctor

For Life applications with a face amount of \$5,000,000 or more, we are happy to assist you and will pursue medical record documentation from physicians, hospitals, etc. Please note however, that if the case does not go formal with a carrier we ask that you pay all the charges incurred for the medical records which Westland Financial Services, Inc. has obtained to date on behalf of your client.

Due to HIPAA compliance regulations, copies of any medical records which were obtained by Westland Financial Services, Inc. will never be made available to third parties (including the agent or applicant), regardless of the outcome of the application process.

Please sign below to indicate that you are aware of our policy and are willing to pay the fees associated with the medical records which you have requested that we obtain.

X

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Agent Signature

## HIPAA Compliant Authorization and Company Privacy Policy Disclosure

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### INTRODUCTION:

The Health Insurance Portability and Accountability Act ("HIPAA") provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. HIPAA's complete text is available on the U.S. Department of Health and Human Services website: [www.hhs.gov](http://www.hhs.gov).

HIPAA states that there are rules and restrictions on who may see or be notified of your Protected Health Information.

Your information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters are handled appropriately.

We agree to provide clients with access to their records in accordance with state and federal laws. You understand and agree to inspections of our office and review of documents which may include Protected Health Information by government agencies or insurance payers in normal performance of their duties.

Your confidential information will not be sold or used for any other reason. We may change, add, delete or modify these provisions to better serve the needs of this company and you as the client. Any such modifications will be posted on our website. This Notice is effective as of June 1, 2014. You have the right to request restrictions in the use of your protected health information as the law permits. You also have the rights to: (1) receive confidential communications of Protected Health Information; (2) inspect and copy your Protected Health Information; (3) amend Protected Health Information that was previously provided; and (4) receive an accounting of disclosures of your Protected Health Information. These rights may be exercised by sending written requests to:

Westland Financial Services Inc.  
ATTENTION: Compliance and Suitability  
13520 Evening Creek Drive North, Suite 360  
San Diego, CA 92128

[GO TO NEXT PAGE FOR THE HIPAA AUTHORIZATION AND PRIVACY POLICY]

HIPAA AUTHORIZATION:

I authorize any physician, health plan, medical practitioner or provider, including but not limited to any psychiatrist/psychologist, chiropractor, physical therapist, hospital, clinic, pharmacy or facility authorized and appropriately licensed for treatment of medical related conditions to provide/disclose my entire medical records, including but not limited to those records pertaining to consultations, visits, conversations, treatment, procedures, evaluations and any other Protected Health Information related to or by me for the past ten (10) years to Westland Financial Services Insurance Services, Inc., and/or its agents, vendors, employees or persons performing under writing related services on behalf of Westland Financial Services Insurance Services, Inc. This authorization includes information on diagnosis and/or treatment of Acquired Immuno deficiency Syndrome(AIDS), Human Immunodeficiency Virus (HIV), sexually transmitted diseases, psychological/psychiatric illnesses and the use of drugs, tobacco and/or alcohol.

This Protected Health Information is to be used by Westland Financial Services, Inc. and its Underwriting Consultant at Partners Advantage for the sole purpose of obtaining insurance and authorizing other legally permitted actions that relate to coverage for which I have applied. The HIPAA protected Protected Health Information will be provided to and shared with underwriters, staff and internal support for the a forementioned purpose of obtaining insurance through Westland Financial Services, Inc. and the companies listed below to secure the best insurance offer.

LIST OF CARRIERS:

AGLA	F&GLife	Legacy	Principa(A)
American General (L&A)	F&G Annuity& NY	LG America (Banner)	Principal (L)
American General NY	FidelityLife	LincolnFinancial (L&A)	Principal NY
Ameircan General Worksite	Foresters	LSW (L&A)	Protective (L&A)
Allianz (L,A & NY)	Forethought	Metlife	Prudential
AmericanEquity	Genworth(L&A)	Metlife NY	RelianceStandard
ANICO (L&A)	Genworth NY	Minnesota Mutual	SBLI (L&A)
Americo (L&A & Final Expense)	Great American/ AnnuityInvestors	MonumentalLife	Sentinel
Assurity	GTL	MTL	Standard Annuity
Athene	Guggenheim	NACOLA(L&A)	Trans FamilyLife
Accordia (AVIVA)	IL Mutual Life	National Western	Trans Annuity
AVIVA (Am Invest)	ING Term	Nationwidelife & NY	Trans Life (occidental)
AVIVA (Amerus)	ING Northern Annuity	NGL	TransLife NY (occidental)
AVIVA (Bankers NY)	ING Reliastar life & NY	NYLIFE	UHL
AXA	ING Annuity	OneAmerica/ Statelife	Mutual/Untied of Omaha (L&A)
Equitrust	JohnHancocklife & NY	PennMutual Life & NY	NYCompanion
EMC (L&A)	Lafayette (L&A)	Presidential	William Penn NY

This document is valid for a period not to exceed 18 months (1.5 years) from my date of signature. If for any reason I wish to revoke this authorization, I may do so in writing to:

Westland Financial Services, Inc.  
ATTENTION: Compliance and Suitability  
13520 Evening Creek Drive North, Suite 360  
San Diego, CA 92128

## PRIVACY POLICY

### Legal Obligations:

Westland Financial Services, Inc. is required by law to maintain the privacy of your Protected Health Information, as well as to provide you with this Notice of our legal duties and privacy practices respecting your Protected Health Information, and to notify you if there is any breach of unsecured Protected Health Information. Westland Financial Services, Inc. is also required to abide by the terms of this Notice, as the same may be amended by Westland Financial Services, Inc. or by changes in the law.

### Due Diligence:

Westland Financial Services, Inc. may collect public, non-public and private personal health and financial information about you from any or all of the following sources:

1. Personal application, forms and questionnaires;
2. Business transactions with carriers, institutions or product sponsors; and
3. Affiliated/unaffiliated product sponsors pursuant to a solicitation agreement whose products you may own.

### Information Disclosure:

Westland Financial Services, Inc. does not share non-public or private information with any third party regarding any clients past or future, except where permitted by law, and Westland Financial Services, Inc. provides safeguards that are consistently monitored to ensure protection within federal, state and municipal regulations.

Examples of third parties that we are in agreement to share information with include but are not limited to:

1. Insurance carriers afore mentioned via HIPAA regulated transmission;
2. Securities clearing agencies;
3. Investment advisory firms solely for the purpose of management of customer accounts;
4. Regulatory, or federal, state or municipal authorities; and
5. Record keeping companies.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your Protected Health Information, you may file a complaint with Westland Financial Services, Inc. in writing, addressed to:

Westland Financial Services Inc.  
ATTENTION: Compliance and Suitability  
13520 Evening Creek Drive North, Suite 360  
San Diego, CA 92128

You also may send a written complaint to the Secretary of the Department of Health and Human Services using the Regional Office or Headquarters address below:

U.S. Department of HHS, Region IX  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
Phone: (800) 368-1019  
Fax: (415) 437-8329  
TDD: (800) 537-7697

U.S. Department of HHS, Headquarters  
200 Independent Avenue, S.W.  
Room 509 F HHH Building  
Washington, DC 20201

Upon affixing my signature to this document, it is understood and agreed that I will hold Westland Financial Services, Inc. fully harmless from any unauthorized access to or use of by any person or company not noted in any of the above Authorization.

I have read and completely understand this document. I have received a copy of this document with a copy as valid as the original for a period of 18 months (1.5 years) from the date below.

\_\_\_\_\_  
Signature of Proposed Insured, Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Proposed Insured

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date of Signature:

\_\_\_\_\_  
Insured Address:

City: \_\_\_\_\_ State: \_\_\_\_\_

Insured SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Insured Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(last 4 digits required)