



## AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

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I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other health care provider, pharmacy, pharmacy benefit manager, insurance company or reinsurer, financial institution, government agency, the MIB, Inc., consumer reporting agency, employer or other organization, institution or person to disclose to the insurance administrators, underwriting personnel, claims personnel, investigators, legal counsel, and reinsurers of TIAA-CREF Life Insurance Company (**the Company**), the following information pertaining to me: (1) employment information; (2) other insurance coverage, claims and records; (3) prescribed drugs; (4) past and present physical, mental, drug and/or alcohol conditions; (5) motor vehicle records; (6) avocations; (7) general reputation; and (8) other personal characteristics.

I understand and agree that the Company may collect this information for the purpose of determining eligibility for insurance and investigating claims for benefits and that the Company may disclose all or some of my information to its reinsurers, its agents, and the business process organizations (BPO) which administer various underwriting, new business, policyholder service and claims adjudication functions on its behalf.

I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB, Inc.

This authorization is valid for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. A copy of this authorization is as valid as the original, and I am entitled to receive a copy of this authorization upon request.

I may revoke this authorization at any time by sending a request for revocation to the Company in writing, subject to state law and the rights of anyone who has relied on this authorization. However, that revocation may cause the Company to reject my application.

I agree and acknowledge that checking the check box\* shown on-screen at the time I was provided this disclosure constitutes my legal signature and agreement to the terms of this Authorization.

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\*check box labeled *"I have reviewed, understand and agree to the terms of each of the disclosures above."*