North American LifeVue FCRA Disclosure

*(NOTE: Our HIPAA and FCRA authorizations are handled as a voice signature. The FCRA language is included as part of our disclosures on our application, so a separate form has not been created. Instead, it is handled as a script that is read to the client during the application process. I am providing this to you so that you have the content, but you may have some extra work getting this one set up correctly for your sales process. We do require that this get signed prior to running Lexis Nexis Risk Classifier.)*

In the HIPAA Authorization, you provided consent that North American and our third party partners could obtain and use your medical records.

Additionally, for North American to determine eligibility for insurance, you authorize it to collect information about you from public and non-public sources, including your Social Security number, financial and credit history, employment, general character and reputation, personal characteristics and mode of living.

You further authorize North American to release any such data to its reinsurers, MIB, or other persons or organizations performing business or legal services in connection with your application, or to persons or organizations performing services on behalf of North American for other business or marketing purposes, or as required by law when given a copy of this authorization.

To the extent required by law, the information gathered under this authorization will be maintained as confidential. North American will not share your personal information except as stated within this authorization.

This authorization is valid from the date voice signed for the length of time permitted by applicable law in the state where the policy is delivered or issued for delivery. You may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by North American.

You understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information and that you or any authorized representative will receive a copy of this authorization upon request.

*Note: The verbiage in Red is used only for residents of CA.*