

AUTHORIZATION TO COMPLY WITH HIPAA PRIVACY REQUIREMENTS

I authorize any licensed physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, its authorized representatives, MIB Inc. (MIB), any employer, group policyholder, contract holder, benefit plan administrator, or other organization or institution that has any records or knowledge of my physical or mental health to give Fidelity Security Life Insurance Company (the "Company") or Risk Insurance and Reinsurance Solutions, Inc., who is acting on behalf of the Company in this regard:

- (a) any records or knowledge of my physical or mental health, including significant history, findings, diagnoses and treatment;
 - (b) medical information, records and data about me, including information, records and data about drugs prescribed, medical test results and sexually transmitted diseases;
 - (c) personal information and data about me including non-medical information such as driving records, any criminal activity or association, hazardous sport or aviation activity, and other applications of insurance;
 - (d) information, records and data about me related to alcohol and drug abuse and treatment, including information and data records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR Part 2;
 - (e) information, records and data about me related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions including, where permitted by applicable law, human Immunodeficiency Virus (HIV) test results; and
 - (f) information, records and data about me related to mental illness, other than psychotherapy notes;
- for use to 1) underwrite my applications for coverage, make eligibility, risk taking, policy issuance and enrollment determination; 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 with the Company. In connection with an application for insurance, for underwriting and claim purposes, I also authorize (a) the Company, or any third party acting on behalf of the Company in this regard, to request and obtain consumer, investigative consumer or motor vehicle reports about me; and (b) any employer, business associate, financial institution, or government agency to give the Company, or any third party acting on behalf of the Company in this regard, any information or data that it may have about my occupation, other applications of insurance, avocations, driving record, finances, character, reputation and aviation activities.

Fidelity Security Life Insurance Company or its authorized representatives may release to Risk insurance and reinsurance, Inc., its business associates, other insurance companies, MIB, or others whom I authorize in writing, information covered by this authorization. A photographic copy of this authorization shall be as valid as the original.

I agree this authorization shall be valid for two years from the date shown below. I understand that I have the right to revoke this authorization in writing at any time, by providing written request for revocation to: Fidelity Security Life Insurance Company at P.O. Box 418131, Kansas City MO 64141-9131, Attention: Privacy Officer. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I further understand that if I refuse to sign this authorization to release my complete medical record, Fidelity Security Life Insurance 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 have received and read a copy of the Pre-Notice which describes how information is obtained and used by Fidelity Security Life Insurance Company. I understand that my authorized representative or I have received a copy of this authorization.

Signature of Proposed Insured: _____ **Date:** _____

Printed Name of Proposed Insured: _____

Date of birth: _____

PRE-NOTICE

Although your application is our main source of information, we at Fidelity Security Life Insurance Company may also collect or verify information pertaining to age, occupation, physical condition, health history and avocations by contacting various individuals or organizations by correspondence, telephone or personal contact. It may be necessary for us to share information we obtain with an individual or organization related to the medical or insurance industry or with an individual performing a function for us without your express written authorization.

Information regarding you or members of your family's insurability will be treated as confidential. We or our reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

We or our reinsurer(s) may also release information in our file to other insurance companies to whom may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for customers about MIB may be obtained on its website at www.mib.com