



Authorization for the Use and Disclosure of Information

I hereby authorize World Insurance Company to use and/or disclose the following information about me as described below. **I understand that the information I authorize a person or entity to receive may potentially be re-disclosed and no longer protected by federal privacy regulations.**

_____ / ____ / ____
Full name of insured whose information is being requested for use/disclosure Date of Birth

1. Persons/class of persons authorized to use or make disclosure of the information: **World Insurance Company**
2. Name and address of persons/class of persons authorized to receive the information: _____

3. Specific description of information that may be used/disclosed:
 - ___ **Medical Information** (examples may include: Explanation of Benefits, medical records, dates of services, amounts payable, health care provider information, services rendered, claim information, etc.)
 - ___ **Personal Information** (examples may include: Names of insured member(s), address, social security numbers, policy/certificate numbers, date of birth, employer, prior insurance information, etc.)
 - ___ **Bank Information** (examples may include: Name and address of financial institution, routing/account number, depositor name, withdrawal information such as dates, amounts, and history, etc.)
 - ___ **Coverage Information** (examples may include: Effective date, paid to date, premium amounts, mode of payment, names and policy/certificate provisions specific to covered member(s), medical waiver(s)/rating(s) on coverage, policy/certificate numbers, insured member(s) date of birth(s), explanation of benefits, claim information, etc.)
 - ___ **Other**, please specify _____
4. The information will be used/disclosed for the following purposes (*all* purposes must be listed and described):
 - ___ **Benefit/Payment Purposes** (examples may include: for processing my claims and servicing my coverage, for coordination of benefits, explanation of benefits, assessment of coverage needs)
 - ___ **Coverage Maintenance** (examples may include: to perform maintenance such as changing banks/account numbers/depositor, premium payments, changes to mode of payment)
 - ___ **Coverage Changes** (examples may include: to add or remove insured members from coverage, increase/decrease coverage deductibles, replacement coverage, name changes of insured member(s), termination of coverage, address changes)
 - ___ **Other**, please specify _____
5. I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to receive payment or impact my eligibility for benefits.
6. I understand that I may revoke this authorization at any time by notifying the person/organization providing the information in writing. However, the revocation will not be valid if:
 - a. World Insurance Company or another third party has taken action in reliance on this authorization; or
 - b. If this authorization is obtained as a condition for obtaining insurance coverage, other law may provide World Insurance Company with the right to contest a claim under the policy/certificate or the policy/certificate itself.

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I understand to revoke my authorization I should send my written revocation request to:

World Insurance Company, Customer Service Center, P.O. Box 3160, Omaha, Nebraska 68103-0160.

7. This Authorization will expire 24 months (180 days in Arizona and 12 months in Maryland) from the date of signature.

Signature of Individual or Personal Representative

Date

Printed Name of Individual or Personal Representative

If you are signing as a personal representative for the policy/certificate holder, please read and sign below.

I, _____, hereby certify and attest that I am the duly authorized personal representative of _____, that my relationship to the policy/certificate holder is _____, and that I have the lawful authority to enter into this authorization on behalf of the policy/certificate holder. I have read the provisions set forth in this authorization, and agree that World Insurance Company may use and/or disclose the aforementioned information for the purposes set forth herein.

You will be provided a copy of this signed authorization.