

# SECURITY LIFE

DENVER, COLORADO

Administered by  
Vision Financial Corporation

17 Church Street  
PO Box 506  
Keene, New Hampshire 03431-0506

**If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our customer service department at 1-800-752-4729/ Fax (603) 357-4532**

Insured \_\_\_\_\_

Policy No. \_\_\_\_\_

## AUTHORIZATION TO OBTAIN INFORMATION

I AUTHORIZE any licensed physician, medical practitioner, clinic, other medically related facility, employer, insurance or reinsurance company, the Medical Information Bureau, Inc. or consumer reporting agency to give any and all information available about the insured, under the terms stated below, to Security Life of Denver Insurance Company ("Security Life") or its authorized representative. The information hereby authorized to be released includes all records available as to diagnosis, treatment and prognosis of any physical or mental condition of the insured. Security Life may request any other nonmedical information about the insured which it believes necessary to determine eligibility for benefits requested; such information is hereby authorized to be released if requested.

I also give permission to Security Life to obtain all information relating to records of any diagnosis, prognosis, treatment, advice or rehabilitation in connection with drug and/or alcohol abuse programs. This information, which is protected by federal regulation, may be obtained for any of the purposes described in this authorization and may be redisclosed to other persons under the terms stated below. I also understand that I may revoke this authorization as it applies to drug and/or alcohol abuse information at any time. But my written revocation will not affect any information that has been released before Security Life receives notice of revocation.

I also authorize the release to Security Life of any information about testing for or treatment of AIDS (Acquired Immune Deficiency Syndrome), including the results of blood tests for the HIV virus, unless prohibited by law.

I UNDERSTAND that Security Life will use information collected under this authorization to determine eligibility for benefits under an existing policy. Any information obtained will not be released by Security Life to any person or organization EXCEPT to reinsuring companies and to other persons or organizations performing business or legal services in connection with this claim. Disclosure also may be made when lawfully required or as I further authorize.

I KNOW that I may request a copy of this authorization. A photocopy of the authorization may be used to obtain information.

This authorization is valid for a period of 24 months. I understand that I may revoke this authorization at any time by notifying Security Life of Denver in writing of my desire to do so. A photographic copy of the Authorization shall be as valid as the original, regardless of the date signed. I understand that I or my representative may receive a copy of this Authorization by supplying policy number (s) and Insured's name in a written request to the company or its designee.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Authorized by: \_\_\_\_\_

\_\_\_\_\_  
Witness

Relationship to Insured: \_\_\_\_\_

**PLEASE SEE FRAUD NOTICE APPLICABLE TO YOUR STATE ON THE REVERSE SIDE**

**NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA:**

Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**NOTICE IN ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**NOTICE IN CALIFORNIA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE IN COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, NEW HAMPSHIRE, AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

**NOTICE IN DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE IN FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE IN OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE IN PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE IN TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE IN TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.