TheStandard®

Standard Insurance Company
Life Benefits Department
800.628.8600 Fax 888.414.0389 Lifebenefits@standard.com
PO Box 2800, Portland, Oregon 97208-2800

Authorization to Obtain Information

Name of Deceased:	Date of Death:	Claim Number:
Social Security No. of Deceased:	Date of Birth of Deceased:	

I AUTHORIZE THESE PERSONS who have any records or knowledge:

- Any physician, medical practitioner or health care provider
- Any hospital, clinic, pharmacy or other medical or medically related facility or association
- Any insurance company
- Any employer, policyholder or plan sponsor
- Any organization or entity administering a benefit program (including statutory benefits)
- Any educational, vocational or rehabilitational organization or program
- Any consumer reporting agency, financial institution, accountant or tax preparer
- Any government agency (for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, Workers' Compensation Board, etc.)
- Any law enforcement department

TO GIVE THIS INFORMATION:

- Autopsy report, toxicology report, death certificate, charts, notes, X-rays, operative reports, lab and medication records and all other medical information about the deceased, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
  - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes
  - Any communicable disease or disorder
  - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
  - Any condition, treatment or therapy related to substance abuse, including alcohol and drugs
- Investigative reports, including accident or incident reports

  and:
- Any non-medical information requested about the deceased, including such things as education, employment history, earnings or finances, return-to-work accommodation discussions or evaluations and eligibility for other benefits or leave periods including but not limited to claims status, benefit amount, payments, settlement terms, effective and termination dates, plan or program contributions, etc.

TO STANDARD INSURANCE COMPANY and ITS AUTHORIZED REPRESENTATIVES (THE STANDARD)

- I acknowledge that any agreements I have made to restrict the deceased's protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose the deceased's entire medical record without restriction.
- I understand The Standard will use the information to determine the deceased's eligibility or entitlement for insurance benefits and for internal research and analysis.
- I understand and agree this authorization shall remain in force through the earlier of either 1) the duration of the claim for benefits with The Standard, and 2) 24 months.
- I understand I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. Revoking the authorization, or failure to sign the authorization, may impair The Standard's ability to evaluate or process the claim and may be a basis for denying the claim for benefits.

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- I understand that in the course of conducting its business, The Standard may disclose to other parties information it has about the deceased. The Standard may release this information about the deceased to a reinsurer, a plan administrator, a plan sponsor or any person performing business or legal services for The Standard in connection with this claim.
- I understand The Standard complies with state and federal laws and regulations enacted to protect the deceased's privacy. I also understand the information disclosed to The Standard by this authorization may be subject to redisclosure with my authorization or as otherwise permitted or required by law. (Life coverage is not subject to the privacy rules of the Health Insurance Portability and Accountability Act [HIPAA] and therefore the release of information to The Standard is not protected under the Act.)
- I acknowledge I have read the authorization and the state variations (if applicable) on page 3. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

_____ _____

Name of Person completing form (please print) Relationship to the deceased

_____ _____

Address Phone Number

_____ _____

Signature of Claimant/Representative Date

If a signature is provided by the legal representative (e.g., Attorney in Fact, guardian or conservator), please attach documentation of legal status. If the estate has been probated, please also include a copy of the Letters of Administration.

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FOR RESIDENTS OF NEW MEXICO

The state of New Mexico requires us to provide you with the following information pursuant to its Domestic Abuse Insurance Protection Act.

This Authorization form allows Standard Insurance Company to obtain personal information as it determines your eligibility for insurance benefits. The information obtained from you and from other sources may include confidential abuse information. "Confidential abuse information" means information about acts of domestic abuse or abuse status, the work or home address or telephone number of a victim of domestic abuse or the status of an applicant or insured as a family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close personal, family or abuse-related counseling relationship. With respect to confidential abuse information, you may revoke this authorization in writing, effective ten days after receipt by The Standard, understanding that doing so may result in a claim being denied or may adversely affect a pending insurance action.

The Standard is prohibited by law from using abuse status as a basis for denying, refusing to issue, renew or reissue, or canceling or otherwise terminating a policy, restricting or excluding coverage or benefits of a policy or charging a higher premium for a policy.

Upon written request you have the right to review your confidential abuse information obtained by The Standard. Within 30 business days of receiving the request, The Standard will mail you a copy of the information pertaining to you. After you have reviewed the information, you may request that we correct, amend or delete any confidential abuse information which you believe is incorrect. The Standard will carefully review your request and make changes when justified. If you would like more information about this right or our information practices, a full notice can be obtained by writing to us.

If you wish to be a protected person (a victim of domestic abuse who has notified The Standard that you are or have been a victim of domestic abuse) and participate in The Standard's location information confidentiality program, your request should be sent to the same address above.