SLOVENE NATIONAL BENEFIT SOCIETY

247 West Allegheny Road • Imperial, PA 15126-9774
(724) 695-1100 • (800) 843-7675 • Fax (724) 695-1555
e-mail: snpj@snpj.com • web site: www.snpj.org

Authorization for Release of Health-Related Information

This authorization complies with the HIPAA Privacy Rule and is an MIB Authorization

By executing this document, I authorize the release of any and all of my individually identifiable health information, including medical records, reports, pharmaceutical records, drugs, diagnostic testing, lab work and any other protected health information including mental health, substance or alcohol abuse, HIV results, and STDs to the Slovene National Benefit Society (SNPJ) and its reinsurers, any insurance support organization, any consumer reporting agency, and all persons authorized to represent these organizations for the purpose of determining eligibility for life insurance with the Slovene National Benefit Society (SNPJ).

I authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, or medically related facility, insurance company, MIB, Inc. or other organization, institution or person that has knowledge or records of me and my health to disclose information to SNPJ and its reinsurers as allowed or required by law. I authorize SNPJ, or its reinsurers, to make a brief report of my personal health information to MIB. A photographic copy of this Authorization shall be as valid as the original.

I understand that this Authorization is needed for the purpose of gathering information for making eligibility, underwriting and risk rating determinations. I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal rules governing privacy and confidentiality.

I understand that I may revoke this Authorization at any time by giving written notice to the Slovene National Benefit Society (SNPJ) at the address shown below. I understand the revocation of this Authorization will not result in the deletion of codes in the MIB database if such codes are reported by the company (or the company becomes obligated to report such codes to MIB) while this Authorization is in force. I also understand that my revocation will not affect the rights of any individual who has acted in reliance on the Authorization prior to receiving notice of my revocation. If this Authorization is used to collect information in connection with a claim for benefits, it will be valid for the duration of the claim. If the law of my state so provides, my Authorization may not be revoked during a contestable investigation.

Slovene National Benefit Society
Attn: New Business
247 West Allegheny Road
Imperial, PA 15126-9774

Unless revoked earlier, this Authorization will be valid for twenty four (24) months after the date it is signed.

I understand that authorizing the disclosure of this health information is voluntary and I can refuse to sign this Authorization. I also understand that failure to sign this Authorization can result in denial of insurance coverage. I understand that I can revoke this authorization at any time by giving written notice to the Company above. I also understand that my revocation will not affect the rights of any individual who has acted in reliance on the authorization prior to receiving notice of my revocation.

If a personal representative is signing on behalf of the individual, please describe the representative's authority to act for the individual.

_____	_____
Print Name of Individual Whose Information is to be Disclosed	Date of Birth
_____	_____
Signature of Individual Whose Information is to be Disclosed or Authorized Representative	Date
_____	_____
Witness Signature	Date