



AMERICAN FAMILY LIFE INSURANCE COMPANY

1-800-MY AMFAM (692-6326) | amfam.com

Applicant: _____ Date of Birth: _____

State: _____

The purpose of this Authorization is to permit American Family Life Insurance Company (AFLIC), 6000 American Parkway Madison, WI 53783, to release a summarization of AFLIC’s underwriting decision to OCI Insurance and Financial Services, Inc., 4221 N. 203rd St, Ste 200 Elkhorn, NE 68022 . This summarization may include names of doctors, specific medical conditions, or other sensitive health information.

I, the above-named Applicant, specifically authorize AFLIC to provide a summarization of the reason(s) for AFLIC’s underwriting decision to OCI Insurance and Financial Services, Inc. OCI Insurance and Financial Services, Inc. will use this summarization to assist in placing life insurance coverage for me. In addition, I specifically authorize AFLIC to disclose specific health conditions that directly impacted AFLIC’s underwriting decision.

I understand this authorization does not allow the disclosure of any of the underlying medical documentation used to create the summarization. Any specific medical documentation must be sought from the individual medical professional or care center.

I further understand that any information disclosed pursuant to this Authorization may no longer be protected under federal or state privacy rules.

This Authorization shall be effective for six (6) months after the date signed. I understand I am entitled to receive a copy of this Authorization and may revoke this Authorization at any time by sending a written notice of revocation to AFLIC. Revocation of this Authorization does not apply to information disclosed prior to such revocation.

Applicant’s Signature

Date

Guardian’s Signature

Date