First National
Life Insurance Company
of the USA
Since 1908
A Nelnet COMPANY

P.O. Box 6278
Lincoln, NE 68506
T. 800.383.1776
F. 402.483.2341

HIPAA AUTHORIZATION

To Permit Use and Disclosure of Health Information

This Authorization was prepared by First National Life Insurance Company for purposes of obtaining information necessary for underwriting.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction, any licensed physician, medical professional, hospital or other medical-care institution, to provide First National Life Insurance Company, or an agent or attorney acting on its behalf all information concerning advice, care or treatment provided the patient including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of First National Life Insurance Company.

I understand that once information is disclosed to us pursuant to this Authorization, the information will remain protected by First National Life Insurance Company in accordance with federal or state law.

This Authorization is valid from the date signed for the duration of the underwriting process.

Signed by: _____

Signature of Patient

_____

Patient's Name

_____

Date