





## Authorization To Collect And Disclose Information

Contact Us:  
 PO Box 584  
 Marksville, LA 71351-0584  
 318-240-8696

### Section Four - Authorization To Collect And Disclose Information- Completed By You

I understand Eagle American Life, its reinsurers, and all persons or companies authorized to represent these parties may obtain **Information** (described below) about me as allowed or required by law from a **Source** (described below) in order to evaluate my claim for accidental dismemberment benefits with Eagle American Life Insurance Company. I authorize any Source(s) to disclose or release Information to Eagle American Life Insurance Company, P.O. Box 584, Marksville, LA 71351-0584 or its authorized representative when this Authorization is presented.

**Information** is defined as facts about me. It includes facts about these topics; mental and physical health, including facts about communicable or sexually transmitted diseases such as HIV infection, AIDS, Hepatitis and Syphilis; prescription drug records; tobacco, drug and alcohol use; other insurance coverage; employment; character; general reputation; mode of living; finances; vocation; and other personal traits. **It does not include facts about sexual orientation or psychotherapy notes.**

**Source** is defined as medical physicians; chiropractors; physical therapists; psychologists; drug, alcohol or mental health counselors; hospitals; clinics; drug or alcohol treatment or consultation facilities; nursing homes; mental health facilities; ambulatory care centers; insurers; reinsurers; consumer reporting agencies; financial sources; employers; the Social Security Administration; neighbors; friends; and relatives.

#### I Acknowledge That:

The purpose for the release of Information is to allow Eagle American Life Insurance Company to make a claims decision regarding payment of possible accidental dismemberment insurance claim benefits and/ or to resolve any issues of incorrect or misrepresented information that may have originally been provided on an application for insurance with Eagle American Life Insurance Company.

I understand that any Information disclosed pursuant to this Authorization may no longer be covered by federal rules concerning privacy and confidentiality of personal information, but it will not be redisclosed by the recipient except as authorized by me or as allowed by law. Consumer Reporting Agencies may disclose Information only as set forth in an agreement with a member company or organization. Certain laws may pertain to some kinds of Information and may further restrict disclosure of that Information.

Any agreements that I may have made to restrict my Information do not apply to this Authorization and I instruct any Source to release and disclose the entire contents contained in my Information file to Eagle American Life Insurance Company without restrictions and to the limits allowed by law. Information may be transmitted via U.S. regular mail, various other land or air mail services and through the use of secured electronic devices.

This Authorization will remain in effect for 12 months from the date it is signed by me; that a copy is a valid as the original and that I am entitled to a copy of this Authorization upon request. I further understand I may revoke this Authorization by sending a written request to Eagle American Life Insurance Company at the address listed above and that it will become effective when received by them. Any action already taken in reliance on this Authorization cannot be reversed and my revocation will not affect those actions.

I understand that a medical provider to whom this Authorization is submitted may not condition its treatment of me on whether or not I sign this Authorization. I further understand that if I refuse to sign this Authorization, Eagle American Life Insurance Company may not be able to make accidental dismemberment insurance benefit payments.

I may request and receive a copy of the Information described on this form by submitting a written request to Eagle American Life Insurance Company at the address listed above.

I have been given Eagle American Life Insurance Company's **Information Notice** document.

I elect to be interviewed if any Investigative Consumer Report is prepared in connection with my claim for benefits.

Claimant or Personal Representative signature (required) <b>X</b>	Relationship to Claimant (required) <b>X</b>	Date signed (required) <b>X</b>
Printed name of person signing (required) <b>X</b>	Claimant date of birth (required) <b>X</b>	Claimant Social Security Number (required) <b>X</b>



## Information Notice

This document is for your information.  
Please do not submit with pages 1 and 2

Contact Us:  
PO Box 584  
Marksville, LA 71351-0584  
318-240-8696

### Section Five - Information Notice - To Be Read And Kept By Estate Representative

#### Our Commitment to Our Customers

Eagle American will act as quickly, fairly and compassionately as possible on your claim for Accidental Dismemberment insurance benefits. We know that this is a stressful time. To assist us in helping you, please be sure that the claim form is properly and completely filled out before submitting it to us. Wrong information or no information on the claim form will cause us to send it back to you for corrections. Should you have any questions, please feel free to contact us at the phone number or address listed above.

#### Your Claim Responsibilities

You must provide us with a truthful and accurate claim form and any other reasonably necessary information or documents that will assist us in processing the claim accurately. Please be advised that you may be violating state law if you knowingly conceal material facts or submit a claim form that contains materially false information. You have the right to decline to provide Eagle American with the requested information or documents, but Eagle American has the right to discontinue processing of your claim if you choose to deny us access to information that is reasonable and necessary to process the claim.

#### Processing Time, Payment of Claims and Your Loan Responsibilities

You should continue to make payments until you hear from us about our claims decision. If the insurance certificate or policy is less than two years old, please allow up to eight weeks for processing time. If the insurance certificate or policy is more than two years old, please allow up to three weeks for processing time. We will correspond with you at least once every three weeks and keep you informed. Payment of claims is made directly to the financial institution unless the loan has been fully repaid or the financial institution directs us to do so. If any payments were made after the date you suffered the loss, they will be accounted for and returned upon payment by us. Many times, there will be benefits paid that exceed the amount of the loan. In this case, we will make payment of the excess benefits directly to you. Late fees may contractually still be charged to the loan by the financial institution.

#### Contestability of Coverage and Exclusions of Coverage

Because the original application for insurance was most likely our primary source of information in accepting coverage, we may conduct a review of the accuracy of your answers on the application when we receive the completed claim form (if the claim is filed within two years after taking coverage out). If, upon review, materially incorrect health information is found on the application, the claim may be denied and coverage may be considered void as of the Effective Date. In this situation, we will refund 100% of the premium and provide you with a complete description of what information we relied upon in making our decision. Also, we may verify whether or not the cause of dismemberment is a result of an occurrence that fell within the exclusions contained within the policy or group certificate. If the cause of dismemberment is not covered due to an exclusion contained within the policy or group certificate, the claim may be denied. Please read the "Exclusions" area of the policy or certificate for more information. If you do not have a copy of the policy or certificate, we will provide one for you at no charge upon your request.

#### Our Information Practices

We will rely primarily on information provided by you and your physician(s). On occasion, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under **Federal Fair Credit Reporting Act**. You may request to be interviewed in connection with the preparation of this report (please check the appropriate box at the bottom of page 2). In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization. You have a right to be told about, and to see and copy if you wish, items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate. We will send you a more detailed explanation of our information practices if you send us a written request to the address listed above.

#### Federal Fair Credit Reporting Act

This notice is provided to you in compliance with 15 USC 1681 et. seq. As part of our claims processing, we may ask that an investigative consumer report be prepared. A consumer reporting agency will prepare this report. The report may typically include information as to your character, general reputation, mode of living and personal characteristics. "Mode of living" does not include information related directly or indirectly to your sexual orientation. The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address and telephone number of the investigation. If you would like to inspect and receive a copy of the report, you may do so by contacting the agency directly.