

_____ Date: _____

USAGE NOTES:

1. This Authorization for the Use and Disclosure of Protected Health Information has not been approved for use in any jurisdiction. Please check with your state's insurance department before using this form.
2. ILMA makes no representation or warranty regarding this form or its compliance with laws. Accordingly, you should consult your counsel before using this Authorization for the Use and Disclosure of Protected Health Information in order to ensure that it complies with applicable law and regulations.
3. Please note that additional or different PHI forms may be needed in the event that the Insured resides in a different state. Any additional forms required should be attached hereto as Annex A.

ANNEX A

ADDITIONAL DISCLOSURES

[Drafting Note: This Annex will contain additional Protected Health Information forms or provisions, required by the state in which the Insured resides. In some cases, a form tailored to the specific requirements of the state where the Insured resides will be substituted for the form to which this Annex A is attached.]