

Why Sign a Second Authorization?

Value-Added Underwriting

You reviewed and signed an additional Authorization Form allowing Ameritas Life Insurance Corp. of New York's (Ameritas Life of NY) underwriting department to release medical information and other non-public information to Risk Insurance and Reinsurance Solutions (RIRS) and Presidential Life Insurance Company (PL) for the purpose of determining if a conditional disability insurance offer can be made by RIRS, on behalf of the issuing company, PL.

The purpose of this form is to ensure you are aware of this action and that you are under no compulsion to consider this potential offer. Every effort will be made to offer an Ameritas Life of NY policy, and the above option will only be used if and when Ameritas Life of NY is declining to make a disability offer based on our underwriting standards.

If, upon RIRS review, they decide to make a conditional offer, they will provide to your agent the information and he or she will contact you to discuss your options.

If you have any questions, please ask your agent and he or she can provide you further information. If you do not desire for your underwriting information to be provided for this review by RIRS, please let your agent know.



AUTHORIZATION TO RELEASE NONPUBLIC PERSONAL HEALTH INFORMATION TO AN UNRELATED INSURER

The purpose of this Authorization is to direct and authorize Ameritas Life Insurance Corp. and affiliates, including The Union Central Life Insurance Company, Ameritas Life Insurance Corp. of New York and Acacia Life Insurance Company (collectively, "UNIFI Companies") to forward all of the nonpublic personal information that is, or has been collected on behalf of the undersigned in connection with an application for insurance with UNIFI Companies, to Fidelity Security Life Insurance Company (FSL), an unaffiliated insurer, or Presidential Life Insurance Company ("PL"), an unaffiliated insurer, or Risk Insurance and Reinsurance Solutions, Inc (RIRS), FSL's and PL's third party underwriter, in order for an insurance policy to be underwritten by FSL or PL, in the event that an insurance policy with UNIFI Companies is declined.

(1) Consumer Information (Please type or print.)

Last Name:	First Name:	M.I.:	
Street Address:	City:	State:	ZIP:
Date of Birth:	Social Security No.		

(2) IMPORTANT: Your signature below means that you understand and agree to the following:

- I understand that this Authorization is voluntary.
- I understand that the nonpublic personal information that will be disclosed pursuant to this authorization will contain all of the information that UNIFI Companies collects, or has collected about me in connection with my application to UNIFI Companies for insurance, without limitation, including personally identifiable information such as my name, address, telephone number(s), social security number and date of birth, in addition to medical records, hospital records, clinical records, psychiatric and psychological records, pharmaceutical records, and other records relating to any medical, psychological, psychiatric and/or therapeutic treatment that I may have received at any time. I am aware that the information I am authorizing to be disclosed may contain health information about me that is highly confidential including, but not limited to, testing or treatment related to alcohol or drug abuse; psychiatric or mental conditions; HIV or sexually transmitted disease; genetic disorders; and/or Sickle Cell anemia.
- I understand that the information to be disclosed is protected by law and that the same information may be re-disclosed by the recipient and may no longer be protected by the same law(s) that applied in the first instance.
- I understand that I may revoke this Authorization at any time during its effective period, except to the extent that action has been taken in reliance on this authorization, by requesting such in writing to: Ameritas, Attn. Privacy Office, P.O. Box 81889, Lincoln, NE 68510-1889.
- I understand that without this completed form with my signature, my request to release the information described above to a third party will not be honored.

(3) Expiration:

This Authorization is effective for the disclosure of the information identified above only once to FSL or PL or RIRS and will expire after the disclosure has been made by UNIFI Companies.

I, the undersigned, hereby authorize UNIFI Companies to disclose the nonpublic personal information about me identified in Paragraph (2) above, to FSL or PL or RIRS. I acknowledge and understand that UNIFI Companies is relying on this Authorization to release the information outlined above and I agree to hold harmless UNIFI Companies, its employees, officers, directors, and their successors and assigns against any claims, losses, cost or damages which may arise in connection with the release of this information.

Signature:	Date:
Legal relationship to client (Must be completed if signed on behalf of applicant by guardian or legal personal representative):	