



Metropolitan Life Insurance Company
P O Box 14590
Lexington, KY 40511

Employee/Insured Name: _____ IDI Claim #: _____

Employee ID# _____ STD/LTD Claim #: _____

NOTE TO ALL HEALTH CARE PROVIDERS: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Authorization to Disclose Information About Me

For purposes of: (i) determining my eligibility for disability benefits under my employer's group disability benefit plan (the "Plan") and my individual disability income insurance policy; (ii) the administration of the Plan (which may include assisting me in returning to work); and (iii) the administration of other benefit plans in which I participate that may be affected by my eligibility for disability benefits, I authorize the following disclosures of information and requests for information about me to be made in the format requested, including by telephone, fax or mail:

- I permit: any physician or other medical/treating practitioner, hospital, clinic, pharmacist, pharmacy, other medical related facility or service, insurer, employer, business associate, financial institution, government agency (including the Social Security Administration), group policyholder or contract holder, benefit plan administrator or other third party administrator, any insurance support organization, consumer reporting agency or MIB Group, Inc. (MIB) to disclose to Metropolitan Life Insurance Company ("MetLife"), an employee or representative of MetLife, any third party (including a consumer reporting agency preparing a consumer report) acting on MetLife's behalf, and my employer in its capacity as plan administrator, any and all information about my health, medical care, physical condition, employment, occupation, avocations, driving record, finances, aviation activities, and my claims for disability benefits consistent with applicable law.
- I permit MetLife to disclose: (a) to my employer in its capacity as the administrator of its benefit plans any and all information about my health, medical care, employment, and claim for disability benefits; (b) all or part of the information, records and data that MetLife receives pursuant to this Authorization to MIB; and (c) all or part of the information to any reinsurer, employee, affiliate, Health Claims Index or independent contractor who performs a business service for MetLife regarding the claim(s) for benefits, which concerns insurance coverage regarding the Insured.
- I permit MetLife to request and obtain consumer, investigative consumer or motor vehicle reports about me.

I understand that:

- This Authorization specifically includes my permission to disclose my entire medical record, including medical information, records, test results, and data on: medical care, diagnosis or surgery; psychiatric or psychological medical records, but not psychotherapy notes; and alcohol or drug abuse including any data protected by Federal Regulations 42 CFR Part 2 or other applicable laws. All or part of the information, records and data that MetLife receives pursuant to this Authorization may be disclosed to MIB.
- All or part of the information may also be disclosed to and used by any reinsurer, employee, affiliate, Health Claims Index or independent contractor who performs a business service for MetLife regarding the claim(s) for benefits, which concerns insurance coverage regarding me, or as otherwise permitted by applicable laws.
- Medical information, records and data that may have been subject to federal and state laws or regulations (including 42 CFR part 2 and federal regulations issued by the U.S. Department of Health and Human Services setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans), once disclosed to MetLife, may no longer be covered by those laws or regulations.
- Information concerning mental illness, HIV, AIDS, HIV related illnesses and sexually transmitted diseases or other serious communicable illnesses may be controlled by various laws and regulations. I consent to disclosure of such information, but only in accordance with laws and regulations as apply to me.
- I am not required by law to sign this Authorization, but if I do not, MetLife will not be able to evaluate my claim(s) for disability income benefits. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not condition treatment or payment for treatment or other benefits on my signing it.
- This authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke this Authorization at any time by writing to MetLife at P.O. Box 14590, Lexington, KY 40511-4590 and advising that I have revoked this Authorization. Any action taken before MetLife has received my revocation will be valid.
- I have a right to receive a copy of this form upon request.

A photocopy of this Authorization is as valid as the original form.

Signature _____

Date _____

Print Name _____

If other than the Employee/Insured, please describe your legal authority to authorize the release of this information (e.g., **Conservator or Guardian of the Person or Estate of the Employee/ Insured, Person named under a Durable Power of Attorney, surviving spouse or other next-of-kin, etc.**)

Authorization (Continued)

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim with materially false information or conceals for the purpose of misleading, information concerning any fact material there to may be guilty of committing a fraudulent insurance act. Please see below for special notice required by state law.

Alaska – A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, Rhode Island, West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California – For your protection California law requires the following to appear of this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of life insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with respect to a settlement or award from insurance proceeds, shall be reported to the Colorado divisions of insurance within the department of regulatory agencies to the extent required by applicable law.

Delaware – Any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho – Any person who knowingly and with the intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky – Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire – A person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Authorization (Continued)

Fraud Warning (continued):

New Jersey – Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – A person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Oklahoma – **WARNING:** Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Oregon – A person who knowingly and with intent to defraud an insurance company, files a claim containing false, incomplete or misleading information material to such claim, may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning a fact material there to commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico – Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas – Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.