

INFORMATION TO HELP COMPLETE THE AUTHORIZATION TO RELEASE PERSONAL INFORMATION TO A THIRD PARTY

Merit Life Insurance Co. (Merit) and Yosemite Insurance Company (Yosemite) recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with applicable confidentiality statutes, Merit and Yosemite will only disclose the information in their custody or control in the following circumstances: where the insured identifies the particular information and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected. Unless otherwise required by law, Merit and/or Yosemite must have your written permission (an "authorization") to give out your insurance coverage, claim, or benefit payment information. You may revoke your written permission at any time, except if Merit and/or Yosemite have already acted based on your permission.

If you change your mind and do not want Merit and/or Yosemite to release your insurance coverage, claim, or benefit payment information, you may notify us in writing at 601 N.W. 2nd St. P.O. Box 39, Evansville, IN 47701-0039, by telephone at 1-800-350-9582, or electronically via email at insclaims@sifs.com. Upon notification from you, Merit and/or Yosemite will no longer release your insurance coverage, claim, or benefit payment information (except for the information Merit and/or Yosemite have already given out based on your permission).

Merit and/or Yosemite will keep a copy of this Authorization for its records. You should maintain a copy for your records as well.



AUTHORIZATION TO RELEASE PERSONAL INFORMATION TO A THIRD PARTY

INSTRUCTIONS: Use this form if you wish to authorize Merit Life Insurance Co. (Merit) and/or Yosemite Insurance Company (Yosemite) to release your insurance coverage, claim, or benefit payment information to the below named designated individual.

1. _____
FIRST, MIDDLE, LAST NAME OF INSURED(S): (Print Clearly)

2. _____
ADDRESS OF INSURED(S):

3. _____
PHONE NUMBER(S) OF INSURED(S):

4. _____
FIRST, MIDDLE, LAST NAME OF DESIGNATED INDIVIDUALS(S): (Print Clearly)

5. _____
RELATIONSHIP OF DESIGNATED INDIVIDUAL(S):

6. _____
ADDRESS OF DESIGNATED INDIVIDUAL(S):

7. _____
INSURED'S SOCIAL SECURITY NUMBER, POLICY NUMBER OR CLAIM NUMBER:

8. I, _____, authorize Merit and/or Yosemite to release (please select an option below):

- Any and all Information pertaining to my insurance coverage, claim, and any benefit payment information
- Limited Information

9. IF YOU SELECTED "LIMITED INFORMATION", PLEASE STATE THE INFORMATION AVAILABLE FOR RELEASE AND FOR WHAT PURPOSES IT MAY BE RELEASED.

10. TERMINATION OF THIS RELEASE

DATE _____

OTHERWISE THIS AUTHORIZATION WILL TERMINATE ON THE FIRST TO OCCUR OF THE FOLLOWING:.

A: 24 Months from the date this Authorization is signed; or

B: The date Merit and/or Yosemite receive written notification from the insured or the insured's legal representative requesting termination.

Signature of Insured/Legal Representative

Date

Signature of Insured/Legal Representative

Date

If signed by a legally authorized representative, please include written proof of the authorization.

