



# ONE RESOURCE GROUP CORPORATION

## Authorization to Obtain Information/ Waiver and Acknowledgment Form

### AUTHORIZATION:

I AUTHORIZE any physician, medical practitioner, hospital, clinic, and other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to give the Insurance or Reinsurance Companies named below any and all such information. To facilitate rapid submission of such information, I authorize all said sources, except The Medical Information Bureau, Inc. to give such records or knowledge to One Resource Group, 13548 Zubrick Rd, Roanoke, IN.

I UNDERSTAND the information obtained by use of this Authorization will be used by One Resource Group and/or the Insurance Companies named below to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by One Resource Group or the Insurance Companies named below to any person or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

AIG Life	John Hancock	Principal National Life
Allianz Life	Lafayette Life	Protective
American General	LifeSecure	Pruco
American Investors	Lincoln National	Prudential
American National	Mass Mutual	Reliastar Life Insurance
Ameritas	Met Life	Company
Assurity	Met Life Investors	Reliance Standard
AXA Equitable Life	Minnesota Life	Sagjcor
Insurance	Monumental	Securian
Banner Life	Mutual of Omaha	Security Life of Denver
Berkshire/Guardian	Mutual Trust Life	Reinsurance Co.
Cincinnati Life	Nationwide	Security Mutual
Columbus Life	National Guardian Life	Standard Life
Companion Life	National Western	State Life
EMSI	North American	Swiss Reinsurance
EquiTrust	Company for Life and	Symetra
Fidelity Security	Health Insurance®	Tellus
Foresters	New York Life	Transamerica
Genworth	OneAmerica	United of Omaha
Gleaner	Oxford Life	US Financial
Global Atlantic	Pacific Life	US Life Insurance NY
Companion Life of NY	Penn Mutual	UTC Financial
Great American	Peterson International	Voya
Illinois Mutual	Phoenix Life	Welcome Funds Inc.
Jackson National	Principal Life	William Penn
		Zurich Life

### WAIVER AND ACKNOWLEDGMENT:

This Waiver and Acknowledgment (the "Waiver") has been signed on the date set forth below by the undersigned (the "Applicant") in favor of One Resource Group, Corp., its successors, assigns, shareholders, directors and employees (collectively "One Resource Group").

Applicant acknowledges, understands and agrees as follows:

- that Applicant has filed an application with One Resource Group intending to secure life insurance from one or more insurance underwriters.
- that, in the course of applying for life insurance coverage, One Resource Group has asked for and received information concerning Applicant's medical condition and history, as well as other information that is of a personal and confidential nature.
- that One Resource Group will provide that information, or parts of it, to a number of potential insurers and their agents, employees and representatives.
- that One Resource Group maintains, or will maintain, an electronic data interchange (the "Interchange") through which certain authorized underwriters and/or other insurance industry representatives (referred to in this Waiver as "Underwriters") may gain access to information concerning persons either covered by or applying for coverage under insurance policies issued and serviced by those Underwriters.
- that One Resource Group will use the Interchange to store some or all of the confidential and personal information Applicant has provided to One Resource Group, and, therefore, that Underwriters will be able to gain access to that information through the Interchange.
- that the Underwriters will gain access to the Interchange via the Internet or other, similar computer-based telecommunications systems.
- that, even though One Resource Group has in place security measures One Resource Group believes appropriate to protect the Interchange and the information it contains from unauthorized access and use, and even though One Resource Group will continue to upgrade those security measures from time to time as circumstances warrant, One Resource Group can make no guarantee as to One Resource Group's ability to protect the Interchange and the information it contains from unauthorized access by "hackers" or other persons, who, through wrongful means, may bypass the security measures protecting the integrity of the Interchange.
- that One Resource Group cannot control the use, dissemination, publishing or interpretation of the information contained in the Interchange once that information is gathered by an Underwriter.
- that Applicant will hold harmless from and against any unauthorized access to or use of, by any person or company, any information pertaining to Applicant in One Resource Group's possession and/or stored on the Interchange.
- that Applicant will indemnify One Resource Group for all costs and expenses incurred by One Resource Group or any of its employees, shareholders, directors, agents or representatives in enforcing this Waiver. Applicant has evidenced his/her acknowledgment, understanding and agreement with respect to the foregoing by signing this document below.

Applicant has evidenced his/her acknowledgment, understanding and agreement with respect to the foregoing by signing this document below.

**I ACKNOWLEDGE** that I may request to receive a copy of this document.

**I AGREE** this form shall be valid for two and one half years from the date shown below.

Signed on this date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

X \_\_\_\_\_  
Signature of Proposed Insured/Parent or Guardian

X \_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed name of Proposed Insured/Parent or Guardian