



312 N. Cleveland-Massillon Rd., Akron, OH 44333 Tel: 330.668.2484 Fax: 800.711.3683

**Authorization to Disclose Medical Information to General Agent of Broker**

I, \_\_\_\_\_,  
(Print name of proposed insured)

hereby authorize Great Lakes Financial Advisors Group, Inc. (Great Lakes) to disclose any and all medical information ("Information") which has been collected by Great Lakes and the insurance companies it represents in connection with my current request for life insurance, disability insurance or long term care insurance to the General Agent and licensed Broker submitting that insurance request. Information includes but is not limited to any physical examination or tests, electrocardiogram, chest X-ray and Attending Physician Statements.

It is my understanding that the purpose of this authorization is to facilitate the understanding and submission of this Information by the General Agent or Broker or their authorized representatives to other insurers to evaluate an application for insurance on my life. I understand that Great Lakes assumes no liability with respect to any application for insurance to other companies and makes no representation as to the completeness or accuracy of the information. It is my responsibility to disclose any and all requested medical information to any insurance carrier to which I apply for insurance coverage.

This authorization is effective as of the date it is signed and shall continue for six (6) months unless otherwise provided by law. I also understand that I may revoke this authorization by providing written notification to Great Lakes at 312 N. Cleveland-Massillon Rd., Akron, OH 44333, which revocation shall be subject to the rights of Great Lakes to the extent Great Lakes has acted in reliance on the authorization prior to notice of revocation.

A copy of this authorization shall be as valid as the original.

**I acknowledge that I have received a copy of this authorization from the General Agent or Broker.**

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Broker

\_\_\_\_\_  
Date