Trial Application

Send to: Hancock Brokerage via email to Ashley@hancockbrokerage.net and / or Fax to (504) 837-0090

Full Name:	Social Security #:	Gender: ☐ Male ☐ Female	Address:
Occupation?	Smoker? Yes or No How often?	Form used - (circle what's used) Cigarettes, Pipes, Cigars, Chewing Tobacco, Nicotine gum, patch, marijuana (smoke, gummies)	
Height?	Weight?	Other drugs used not listed above?	

Details of Previous Applications or Inquiries to Other Companies			
Name of Company	Amount Applied For	Other Company's Underwriting Actions	
	$		
	$		
***Current* Insurance that's Inforce**	**Amount of Insurance**	**Year Issued**	**Type of Insurance (term, perm-UL, GUL)**
	$		
	$		

Medical History Questions			
Name of Doctor & Hospital	Phone Number	Date seen	Treatment and Results

Medications		
Name of Medication	Mg **AND** Dosage (ex: 10 mg; 2 x day)	Purpose?

HB HANCOCK BROKERAGE

Authorization for Release of Health-Related Information to
Hancock Brokerage, LLC and Its Carriers

This authorization complies with the HIPAA Privacy Rule

_____ _____ _____

Name of proposed Insured/Patient (Print) Date of Birth Social Security #

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefits manager, medical facility, insurance company, insurance support organization, or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to Crescent Life Settlements, LLC and Hancock Brokerage, LLC ("the Company") and its agents, employees, representatives and carriers. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy, notes.

By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical record without restriction.

My protected health information is to be disclosed under the Authorization so that the Company may: 1) Provide information to carriers so that carriers may underwrite my application for coverage by making eligibility, risk rating, policy issuance and enrollment determinations; 2) Obtain reinsurance; 3) Administer claims and determine or fulfill responsibility for coverage I have or have applied for with the Company.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company at **Hancock Brokerage, LLC, 900 Veterans Memorial Blvd., Metairie, LA 70005, Attention: HIPAA Privacy Official.** Alternatively, I may revoke this authorization by sending a written revocation directly to My Providers, I understand that a revocation is not effective if any of My Providers has relied on this authorization or to the extent that the Company has a legal right to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). I understand that if I refuse to sign this authorization, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

Send HIPAA form to Hancock Brokerage via email to: **customerservice@hancockbrokerage.net**
and/or Fax to **(504) 837-0090**.

_____ _____

Signature of **Proposed Insured/Patient** or Personal Representative Date

_____ _____ _____ _____

Current Mailing Address City State Zip Code

_____@_____.com

Insured's Email Address

Includes these carriers, but not limited to:

Abacus Settlements	Cincinnati Life	ILS	National Life/LSW	Protective Life
Allianz	Coventry	John Hancock	National Western	Prudential
American General / AIG	Crescent Life Settlements	Legal & General (Banner)	Nationwide	Q Capital
American National	Equitable	Lincoln Financial	North American	Sagicor
Ameritas	Genworth	Magna Life Settlements	One America	SBLI
Assurity	Global Atlantic	Maple	Pacific Life	Securian Financial (Minnesota Life)
Berkshire Settlements	Guardian	Mass Mutual	Peterson International	Symetra
Brighthouse (Met Life)	Habesham Funding	Mutual/United of Omaha	Principal	Transamerica
				Voya

Revised 07.2022

HB HANCOCK BROKERAGE