



1507 Park Center Drive, Unit 1B
Orlando, FL 32835
888-335-4769 ♦ Fax: 321-400-1084
www.assetlifeselements.com

Policy Evaluation and Application Form

Personal Data

First Insured Name: _____ SS #: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Second Insured Name: _____ SS #: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Telephone Numbers: Day: _____ Evening: _____

Marital Status: _____ Male: _____ Female: _____ Dependent Children: Yes _____ No _____

Have you been or are you now a party to bankruptcy? Yes _____ No _____

If yes, please attach all discharge papers.

Medical History

Please give a brief description of your medical condition:

Name of Personal Physician: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Has the Insured used any tobacco or nicotine products within the last 5 years? Yes _____ No _____

If yes, please explain: _____

Please list the names and phone numbers of any additional Physicians and/or Specialist

Name	Phone
_____	_____
_____	_____
_____	_____

Policy Owner Information

Policy Owner(s): _____

Name(s) of Trustee(s): _____ SS or Tax ID#: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Day: _____ Evening: _____

Marital Status: _____ Male: _____ Female: _____ Dependent Children: Yes _____ No _____

Have you been or are you now a party to bankruptcy? Yes _____ No _____
If yes, please attach all discharge papers.

*****Please list any additional owners or Trustees on a separate sheet.**

Beneficiary Information

Name(s) of Beneficiary(ies): _____

Life Insurance Policy Information

Name of Insurance Company: _____

Policy Number: _____ Date of Issue: _____

Coverage/Face Amount: \$ _____ Amount of Premium: _____

Date the Last Premium was Paid: _____ Date Next Premium is Due: _____

Policy Owner Type: **Circle one:** A. Individual B. Trust C. Corporation

Policy Type: **Circle one:** A. Term B. Whole Life C. Universal Life D. Survivorship E. VUL F. Other

Loans: \$ _____ Current Surrender Value: \$ _____

Has this Policy ever lapsed? Yes _____ No _____

What is the Reason for the Sale of this Policy? _____

Supplemental Life Insurance Policy Information:

1. Has this Policy or any of its proceeds ever been used as security for a loan made to the original policy owner (or any affiliate of the original policy owner) for the purpose of paying all or part of the ongoing policy premium payments? Yes _____ No _____

2. If Owner purchased this Policy with financial assistance from a lender or investor ("Financier"), do any of the following apply to the financing?

(a) the original policy owner or the Insured received a financial inducement to finance the premiums: Yes _____ No _____

(b) the Financier has a potential interest in the death benefit or possible proceeds from the sale of this Policy: Yes _____ No _____

(c) the financing arrangement included a pre-arrangement to sell this Policy: Yes _____ No _____

If the answer to question 1 or any of the questions in 2 above is Yes, please provide details: _____

3. Has there ever been an option or other arrangement of any kind to purchase, sell or transfer any of the following?

(a) the Policy: Yes _____ No _____

(b) the beneficial interest in the Policy: Yes _____ No _____

(c) the entity owning the Policy: Yes _____ No _____

4. Please state the basis for the original policy owner's (if not the Owner) insurable interest in the life of the Insured(s): _____

5. Does the Insured require substantial supervision due to concerns about his/her health and safety because of severe cognitive impairment or has the Insured been diagnosed or treated by a licensed member of the medical profession consulted by the applicant for any catastrophic, terminal, life-threatening or chronic illness, disease, or medical condition that will reasonably be expected to result in a life expectancy of twenty-four (24) months or less? Yes _____ No _____ If yes, please describe: _____

6. Of the following daily living activities, **(Circle)** any activity listed below which the Insured can perform only with assistance from another person.

Eating	Toileting	Dressing
Mobility	Bathing	Continence

Fraud Notice

"Any person who knowingly presents false information in an application for insurance or a life settlement contract is guilty of a crime and may be subject to fines and confinement in prison."

Signatures

I/We understand that Asset Life Settlements, LLC has a duty to find the most competitive offer available for my/our life insurance policy(ies). Prior to making the decision to sell the Policy, I/We have had the opportunity to discuss any questions about the transaction with other appropriate professionals such as my/our lawyer, accountant and tax advisor or have freely chosen not to do so.

I/We agree in the absence of fraud, all statements made by me/us shall be deemed representations and not warranties and that all of the information is true and correct to the best of my/our knowledge. I/We acknowledge receiving the required fraud warning notice by my/our signature below.

Signature of Insured 1	Printed Name of Insured 1	Date
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Signature of Insured 2	Printed Name of Insured 2	Date
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Signature Policy Owner— <i>(if other than insured)</i>	Printed Name of Policy Owner	Date
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Signature Policy Owner 2— <i>(if applicable)</i>	Printed Name of Policy Owner 2	Date
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Signature of Witness	Printed Name of Witness	Date
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Signature of Broker	Printed Name of Broker	Date
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Disclosure To Owners

(To be signed no later than the date of application for any life settlement contract)

Important-Read This Disclosure Document Before Signing A Life Settlement Contract.

You should carefully read all of the following information and seek financial, insurance, tax and other advice where appropriate.

1. The fact that possible alternatives to life settlement contracts exist, including accelerated benefits offered by the issuer of the life insurance policy.
2. The fact that some or all of the proceeds of a life settlement contract may be taxable and that assistance should be sought from a professional tax advisor.
3. The fact that the proceeds from a life settlement contract could be subject to the claims of creditors.
4. The fact that receipt of proceeds from a life settlement contract may adversely affect the recipients' eligibility for public assistance or other government benefits or entitlements and that advice should be obtained from the appropriate agency.
5. The fact that the owner has a right to terminate a life settlement contract within 15 days of the date the contract is executed by all parties and the owner has received the disclosures described in this section, that rescission, if exercised by the owner, is effective only if both notice of the rescission is given and the owner repays all proceeds and any premiums, loans, and loan interest paid on account of the provider during the rescission period, and that if the insured dies during the rescission period, the contract is considered rescinded subject to repayment by the owner or the owner's estate of all proceeds and any premiums, loans, and loan interest to the provider.
6. The fact that proceeds will be sent to the owner within three business days after the provider has received the insurer or group administrator's acknowledgement that ownership of the policy or interest in the certificate has been transferred and the beneficiary has been designated in accordance with the terms of the life settlement contract.
7. The fact that entering into a life settlement contract may cause the owner to forfeit other rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy or certificate of a group policy, and that assistance should be sought from a professional financial advisor.
8. The amount and method of calculating the compensation, including anything of value, paid or given, or to be paid or given, to the broker, or any other person acting for the owner in connection with the transaction.

Policy Owner's Initials: _____

9. The date by which the funds will be available to the owner and the identity of the transmitter of the funds.
10. The fact the commissioner requires delivery of a buyer's guide or a similar consumer advisory package in the form prescribed by the commissioner to owners during the solicitation process.
11. The following language: "All medical, financial, or personal information solicited or obtained by a provider or broker about an insured, including the insured's identity or the identity of family members or a spouse or a significant other, may be disclosed as necessary to effect the life settlement contract between the owner and provider. If you are asked to provide this information, you will be asked to consent to the disclosure. The information may be provided to someone who buys the policy or provides funds for the purchase. You may be asked to renew your permission to share information every two years".
12. The fact the commissioner requires providers and brokers to print separate signed fraud warnings on the applications and on the life settlement contracts as follows: Any person who knowingly presents false information in an application for insurance or a life settlement contract is guilty of a crime and may be subject to fines and confinement in prison."
13. The fact the insured may be contacted by either the provider or broker or an authorized representative of the provider or broker for the purpose of determining the insured's health status or to verify the insured's address and that this contact is limited to once every three months if the insured has a life expectancy of more than one year, and not more than once per month if the insured has a life expectancy of one year or less.
14. The affiliation, if any, between the provider and the issuer of the insurance policy to be settled.
15. That a broker represents exclusively the owner, and not the insurer or the provider or any other person, and owes a fiduciary duty to the owner, including a duty to act according to the owner's instructions and in the best interest of the owner.
16. The fact that you will be provided with the name, address, and telephone number of the provider.
17. The name, business address, and telephone number of the independent third party escrow agent, and the fact that the owner may inspect or receive copies of the relevant escrow or trust agreements or documents.
18. The fact that a change of ownership could in the future limit the insured's ability to purchase future insurance on the insured's life because there is a limit to how much coverage insurers will issue on one life.

Policy Owner's Initials: _____

LIFE INSURANCE POLICY OWNER’S ACKNOWLEDGMENT: I have read and received a copy of the disclosure form entitled “Disclosures to Owners”, to which this acknowledgement is attached. Further, I/we have received the consumer information booklet entitled “Important Information You Should Know Before Entering Into a Life Settlement” or a similar booklet to keep for my/our records.

Signature of Insured 1	Printed Name of Insured 1	Date
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Signature of Insured 2	Printed Name of Insured 2	Date
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Signature Policy Owner— <i>(if other than insured)</i>	Printed Name of Policy Owner	Date
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Signature Policy Owner 2— <i>(if applicable)</i>	Printed Name of Policy Owner 2	Date
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Signature of Witness	Printed Name of Witness	Date
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Signature of Broker	Printed Name of Broker	Date
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Authorization to Release Information

The undersigned is the owner of, or named insured under, one or more life insurance policies identified below. In order to effect a life settlement contract between the owner and a life settlement provider, or to effectuate the sale or transfer of a life settlement contract or a settled policy, or interest therein, the undersigned each hereby consent to the release of information to the authorized recipients specified herein.

Information Authorized to be Released: Any information (1) concerning or related to the identity of the owner of, or the named insured under, the life insurance policies identified below, (2) that there is a reasonable basis to believe could be used to identify the insured or owner, and (3) concerning or related to the owner's or insured's financial or medical information may be released to the authorized recipients (as defined below). Such information may include (but is not limited to): the name, address, telephone numbers, social security number, tax records, medical records, credit information and other non-public personal information of or related to the insured or the owner, or representative thereof; and the related insurance policy number(s).

Authorized Recipients of Information: Information authorized to be released hereunder may be released to (1) any life settlement broker, (2) any life settlement provider (a "life settlement provider"), (3) any person who may seek to purchase from such life settlement provider any life insurance policy insuring the below identified insured's life or other insurance product owned by the below identified owner, (4) any financing entity of a life settlement provider, including, but not limited to, any of its underwriters, lenders, purchasers of securities and credit enhancers, (5) any service provider, including, but not limited to, any life expectancy estimator, escrow agent or post-purchase policy servicer, (6) any life insurance or annuity company that has issued a life insurance policy insuring the below identified insured's life, and (7) any of the respective affiliates, directors, officers, employees, agents, representatives, independent contractors, accountants, actuaries, attorneys and other representatives and advisors, and successors and assigns of any of the persons or entities covered in the immediately foregoing clauses (1) through (6) inclusive (each, an "authorized recipient"). Each authorized recipient in receipt of information authorized to be released by this authorization may share any such information with any other authorized recipient as if such other authorized recipient had received such information directly from the undersigned.

The undersigned each certify that this authorization has been made freely, voluntarily and without coercion and that the information shown below is accurate and complete to the best of the undersigned's knowledge. The undersigned each understands that the undersigned each may revoke this authorization any time and that any revocation of this authorization will not apply to information that has already been released in response to this authorization. Redisclosure of the undersigned's information by those receiving the above authorization may be accomplished without the undersigned's further written authorization and may no longer be protected. The undersigned releases any authorized recipient from any and all liability for actual or alleged damages to the undersigned as a result of good faith compliance with this authorization. This authorization shall remain valid and shall expire, twenty-four (24) months from the date signed hereof, provided that this authorization shall be of no force or further effect if a life settlement contract is not effected. The undersigned each acknowledge receipt of a copy of this authorization.

A copy of this authorization may be accepted as an original. This authorization may be sent via facsimile transmission.

Life Insurance Policy Information:

Insurance Company	Policy Number
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Insurance Company	Policy Number
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Insurance Company	Policy Number
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Policy Owner Information:

Signature Policy Owner	Printed Name of Policy Owner	Date
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Street Address

City	State	Zip Code
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Signature of Witness	Printed Name of Witness	Date
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Insured Information:

Signature Insured	Printed Name of Insured	Date
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Street Address

City	State	Zip Code
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Signature of Witness	Printed Name of Witness	Date
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Authorization for Disclosure of Protected Health Information (HIPAA Compliant)

I, the undersigned individual, authorize the disclosure of my protected health information (“PHI”) as defined under the applicable privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as follows:

1. **Classes of Persons Authorized to Disclose My Protected Health Information:** I authorize each doctor, hospital, nurse, pharmacy, physician, physician practice group, laboratory and any other type of health care provider (each, an “Authorized HCP”) having any PHI about me to disclose any and all of my PHI as provided under this authorization. I acknowledge that all of my PHI in the possession or control of any authorized HCP is necessary for the purpose for which this authorization is given as described below. I authorize each Authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization.

2. **Classes of persons authorized to Receive My Protected Health Information:** I authorize each Authorized HCP to disclose my PHI under this authorization to (a) Asset Life Settlements, LLC, (b) any life settlement provider, (c) any person who may seek to purchase any life insurance policy insuring my life or other insurance product I own, (d) any financing entity of a life settlement provider, including, but not limited to, any of its underwriters, lenders, purchasers of securities and credit enhancers, (e) any life expectancy estimator, (f) any life insurance company that has issued a life insurance policy insuring my life, and (g) any of the respective affiliates, agents, employees, representatives, advisors, successors and assigns of any of the persons or entities covered in the immediately foregoing clauses (a) through (f), inclusive (each, an “Authorized Recipient”).

3. **Description of Protected Health Information and Purpose of Disclosure:** This authorization shall apply to any and all of my health and medical data, information and records, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations, including information relating to psychiatric or neuropsychiatric conditions, AIDS/HIV and/or drug or alcohol abuse/treatment. The purpose of this authorization and all disclosures of my PHI made under this authorization are for purposes of allowing the Authorized Recipient (a) to analyze, assess, evaluate or underwrite my health or medical condition, or life expectancy, in connection with the possible sale of any life insurance policy, or certificate of life insurance, under which my life is insured to any Authorized Recipient and (b) to monitor, track or verify my health or medical status and condition in connection with any life insurance policy under which my life is insured, that any Authorized Recipient purchases.

4. **Expiration of Authorization:** This authorization shall remain valid until, and shall expire, two (2) years from the date hereof.

5. **Right to Revoke Authorization:** I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized HCP by notifying such Authorized HCP in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at such address designated to me by such Authorized HCP; provided, that, any revocation of this authorization shall not apply to the extent that the Authorized HCP has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

6. Inability to Condition Treatment, Payment, Enrollment, or Eligibility for Benefits on Provision of Authorization: I understand that no authorized HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the HIPAA Privacy Regulations”). I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to redisclosure by the Authorized Recipient and my PHI that is disclosed to such Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have retained a copy of this signed authorization for future reference.

INDIVIDUAL:

Signature of Insured	Printed Name of Insured	Date
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Signature Policy Owner—(if other than insured)	Printed Name of Policy Owner	Date
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Signature Policy Owner 2—(if applicable)	Printed Name of Policy Owner 2	Date
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Signature of Witness	Printed Name of Witness	Date
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Authorization for Release of Policy Information

I hereby request and authorize _____ (Insert Name of Insurance Company), the issuer of life insurance policy number _____, owned by _____ (Insert Name of Policy Owner), and insuring the life of _____ (Insert Name of Insured), to release to Asset Life Settlements, LLC, and/or its agents, successors, assignees, and affiliates, and their authorized representatives, any and all information concerning the above policy (including any conversions thereof or replacements therefore). This includes, but is not limited to, a complete copy of all policies and policy forms, master policies and certificates for any group policies, all applications, policy illustrations, verification of coverage forms, annual or periodic statements, premium information, change of ownership forms, change of beneficiary forms, and collateral and/or absolute assignment forms, as well as all other information reflecting ownership and benefits payable under the policy, liens and assignments, premium waivers, and all provisions of the policy related to the foregoing.

In order to effect a life settlement contract between the owner and a life settlement provider, or to effectuate the sale or transfer of a life settlement contract or a settled policy, or interest therein, the undersigned each hereby consent to the release of information to the authorized recipients specified herein.

This Authorization shall be effective and remain valid for twenty-four (24) months from the date of signature entered below. However, if any governing law or regulation limits this authorization to a shorter period of time, then this Release shall remain in force for the maximum period of time allowed by law.

I agree that any copy or facsimile of this Authorization shall be as valid as the original. I acknowledge and understand that I may revoke this authorization any time by notifying Asset Life Settlements, LLC in writing of my revocation of this authorization by mail or personal delivery to the address stated herein provided that any revocation of this authorization shall not apply to the extent that the authorized recipient has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

This Authorization may be signed in counterparts if required to complete execution. This Authorization is effective as to each Insured and each Policy Owner immediately upon witnessing of such individual's signature, and is not conditioned upon signature by other insureds or Policy Owners. It shall be sufficient that the signature on behalf of each party appear on one or more such counterparts. However, witnesses must sign the same sheet at the same time as signature of the person whose signature is being witnessed.

EXECUTED BY THE POLICY OWNER AS FOLLOWS:

Signature Policy Owner	Printed Name of Policy Owner	Date
Signature of Witness	Printed Name of Witness	Date
Signature Policy Owner 2	Printed Name of Policy Owner 2	Date
Signature of Witness	Printed Name of Witness	Date



Important Information You Should Know Before Entering Into a Life Settlement

General Information

What is the purpose of this shopper's guide?

The State of Texas requires the delivery of this guide to assist Texas residents who are the original owners of a life insurance policy that they are considering selling. Questions related to investing in life settlements should be directed to the Texas State Securities Board.

What is a life settlement?

A life settlement is the sale of a policy for an amount less than the policy's expected death benefit. Only the owner of a policy may sell the policy. The owner may be a different person than whose life is covered by the policy. A life settlement offers a policy owner the opportunity to get a portion of the death benefit while the insured is still alive.

How does a life settlement work?

The person that buys a life insurance policy from the owner is called a life settlement provider (provider). The owner may also choose to hire a life settlement broker (broker) to negotiate the life settlement contract with a provider. Providers and brokers will ask you and the insured to complete an application and medical release forms so they can get information from your life insurance company and the medical records of the insured.

If you qualify, the provider will make an offer to purchase your policy. If you accept the offer, the provider will ask you to sign a contract.

Are providers and brokers licensed by the state?

Life settlement providers and brokers must be licensed by the Texas Department of Insurance (TDI). You may check to see if they have a license here: www.tdi.texas.gov/life/viaintro.html.

What is my policy worth?

Texas law requires that the minimum value for a life settlement contract be greater than a cash surrender value or accelerated death benefit available at the time you apply for a life settlement contract. Providers will base the amount of the offer on facts such as how long the insured is expected to live, the amount you pay for premiums, the rating of your insurance company, and your policy's provisions (such as a waiver of premium). You may want to get quotes from several providers to ensure you get the best offer.

Will personal information remain confidential?

A provider or broker may not share any financial, medical, or personal information about the owner or insured with anyone, including your family members, unless there is written approval to share the information. Any written approval must show who may get the information and why it will be released. The provider or broker may share the information with someone who buys the

policy or provides funds for the purchase. The provider or broker may ask the individual to renew permission to share information every two years.

What should I know about a life settlement contract?

Once sold, your policy might be resold to entities or individuals not licensed by TDI. A broker represents the policy owner exclusively. A broker owes a fiduciary duty to the owner, including a duty to act according to the owner's instructions and in the best interest of the owner.

The provider or broker must provide the owner with consumer disclosures, including the compensation the provider will receive, all offers and counteroffers, risks related to taxes and government benefits, and other additional information. Read these disclosures carefully.

TDI must approve all life settlement contract and disclosure forms.

Entering a life settlement will affect:

- whether your beneficiaries will receive any benefits from the policy
- any policy cash values, loans, or dividends
- some rights or benefits, including conversion rights and waiver of premium benefits that may exist under the policy

In addition, a life settlement may affect:

- your taxes
- your ability to receive supplemental social security income, public assistance, and public medical services including Medicaid
- your debt obligations, creditors, personal representatives, trustees in bankruptcy, and receivers in state or federal court may try to take away the money you receive for your life settlement
- the ability to obtain future life insurance
- life insurance coverage on spouses or other family members, if the policy (or any riders attached to it) covers their lives

Talk to an attorney, accountant, estate planner, financial planning advisor, tax advisor, social services agency, or your insurance company or agent to find out what effect selling your policy will have on you.

Can an owner keep a portion of the policy's benefits?

Yes. Some providers offer policy owners the opportunity to retain a portion of the death benefits.

What if my policy includes extra coverages like accidental death, future increases in the death benefit, or coverage for other family members? Do these affect my settlement?

You may contact your insurance company or agent to see if your policy includes extra coverages.

If your policy includes a benefit for accidental death, your settlement might not include the additional death benefit. The additional death benefit will remain payable to your beneficiaries or your estate.

If your policy provides future increases in the death benefit, ask how much the provider is paying you for the purchase of this benefit.

If your policy is a joint policy or provides coverage on the lives of other family members or anyone other than yourself, there may be a possible loss of coverage for those people.

Are there other options available besides selling my policy?

Your insurance company might offer options, such as accelerated death benefits, loans, and surrender of the policy for its cash value. Before selling a life insurance policy, contact your insurance company or agent to see what options are available.

After you sell your policy

When and how will I get my money?

A provider must send you the money within three business days after it receives notice from the insurer or group administrator that ownership of the policy has been transferred.

What if I change my mind?

You may cancel a life settlement contract at any time up to the 15th day after the date of the contract. To cancel the life settlement contract, you must return any money the provider paid to you, along with any premiums, loans, and loan interest the provider paid. Remember to arrange with the provider to have the insurance company transfer the ownership of the policy back to you.

What if the insured dies shortly after selling the policy?

If the insured dies within 15 days after the execution of the contract, the provider must rescind the settlement contract if you or your estate repays all money to the provider, along with any premiums, loans, and loan interest the provider paid.

What happens after I get my money?

After the provider has paid you, it may begin to check on the health of the insured. If the life expectancy of the insured is one year or less, the providers may check health status once per month. If the insured is expected to live for more than one year, contact is limited to once every three months.

What if the insured doesn't want to be contacted about his or her health status?

The insured may appoint another adult to be contacted. That person must be someone who is in regular contact with the insured. The insured can change the contact person at any time by sending a written notice to the provider.

How will I know who will be calling about the insured's health status?

The provider must give you the name, address, and phone number of the person who will call the insured or the insured's contact person(s) about the insured's health status.

Will the provider call the insured's doctor to check on their health status?

Some providers will check with the insured's doctor for updates on his or her health. The medical release form allows the insured's doctor to give medical information to the provider or broker.

Does anyone make money or commissions from the sale of my policy?

Yes. The provider or broker must provide the owner the names of all the people who have or will receive some type of payment from the purchase or sale of your policy, along with the amount and terms of the payment. Your broker must disclose all offers that were made for your policy, the amounts received by all brokers on the sale, and a complete reconciliation of the offer by the provider to the amount you receive.

Complaints

You may submit a complaint to TDI by:

- writing to the Texas Department of Insurance, Consumer Protection, Mail Code 111-1A, P.O. Box 149091, Austin, Texas 78714-9091
- calling the Consumer Help Line at 1-800-252-3439 between 8 a.m. and 5 p.m., central time, Monday through Friday
- faxing your complaint to TDI at 1-512-475-1771
- filing your complaint online at www.tdi.texas.gov/consumer/complfrm.html, or
- emailing your complaint to consumer.protection@tdi.texas.gov