Genworth Financial

Genworth Life & Annuity
Genworth Life
Genworth Life of New York
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Health information authorization

from Genworth Life and Annuity Insurance Company,
Genworth Life Insurance Company
and Genworth Life Insurance Company of New York†

This is a HIPAA compliant authorization

- Please print clearly using blue or black ink, and initial any corrections
- Please keep a copy of this form for your records

Policy information

Policy number(s) *Use only the spaces needed*

Insured name(s) | Birth date(s)

Disclosure authorization

The Genworth Financial insurance companies listed above are referred to as "us" and "we" in this document.

The policyholder is referred to as "you" and "your" in this document.

You authorize us to use and disclose your health information at your request as designated below.

Requestors *List who you authorize to receive your health information*

Type of authorization *Select one*

◯ At the requestor's discretion, we will answer any questions about your health information

◯ We will only disclose the health information listed below*

Attach a separate, signed sheet of paper, if more space is required.

***Authorized health information for disclosure**

Declaration and signature(s)

If you are signing as a fiduciary or representative, you must sign in capacity and provide documentation of authority.

Your signature indicates your understanding of the following:

- You need to keep a copy of this authorization for reference, and acknowledge that a copy of it is as valid as the original
- This authorization will be valid for two years from the date signed
- You may revoke this authorization by contacting us in writing
- Your revocation will take effect upon our receipt of your request although it will not include any information that might have been used or disclosed prior to our receipt of your request
- This authorization allows us to disclose health information to persons or organizations that may not be subject to federal health information privacy laws, resulting in the information no longer being protected under such laws

Policyholder signature(s) | Date

X

Printed name of policyholder(s)

†Only Genworth Life Insurance Company of New York is licensed in New York.