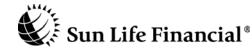
HIPAA Authorization for Release of Protected Health Information



Insured/Member name		ID no	
Address	City	State	Zip codeCertificate no.
Policy no	Participation no.	Account no.	Certificate no.
=	s <u>providing</u> the information:		s <u>receiving</u> the information:
☐ Union Security Insurance Company☐ Union Security Life Insurance Company of New York☐ Other (Please specify.)		☐ Union Security Insurance Company☐ Union Security Life Insurance Company of New York☐ Other (Please specify.)	
•	use or disclosure of my protected he nformation to be disclosed	ealth information as descri	
Purpose of the disclosu	ıre		
Companies* may n under one of the Covalid as the origina This authorization i	efuse to sign this authorization; how ot be able to gather the information ompanies' insurance policies. I unde I. Upon request, I may receive a cops voluntary. I may revoke it any time	necessary to determine if erstand that a photocopy of by of this authorization. by writing Sun Life Finar	is authorization, I understand that the I am eligible for coverage or benefits or facsimile of this authorization is as incial, Privacy Office, PO Box 419052 at Companies took before receipt of
the revocation.	es that we inform you that the inform	·	·
re-disclosed by us inform you that the	to third parties and thus no longer parties information authorized for release or noncommit	rotected by federal law. O	klahoma only – we are required to
 I understand that a plans. 	ny information obtained by this auth	orization may be used an	d disclosed by HIPAA and non-HIPA
 This authorization i 	s effective from the date signed belo		VENT (NOT TO EXCEED 24 MONTHS)
0: / //		DATE OR E	
Signature of Insured/Mi (Form MUST be compl	ember or Personal Representative _ eted before signing.)		Date
Printed name of persor	nal representative		Phone no.
(If you are the Persona	/member or nature of authority I Representative, other than a parer as Personal Representative.) YOU MAY REFUSE TO S		

Fax the completed Authorization for processing to 816.881.8854, Attention: HIPAA Specialist.

- or -

Mail the completed Authorization for processing to Privacy Office, Sun Life Financial, P.O. Box 419052, Kansas City, MO 64141-6052.

*In this authorization "Companies" refers to the following underwriting and prepaid dental companies.

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI

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