



RELEASE OF INFORMATION SIGNATURES REQUIRED

Physicians Plus Insurance Corporation (Physicians Plus) exchanges information with the MIB Group, Inc. (MIB). MIB is a membership corporation owned by approximately 470 insurance companies in the US and Canada. Organized in 1902, the MIB's core function is fraud protection services to protect insurers, policyholders and applicants from attempts to conceal or omit information material to the sound and equitable underwriting practices of life, health, disability income, critical illness and long-term care insurance. Physicians Plus participates in this information exchange as part of our efforts to maintain reasonable premiums for our insureds.

For those same purposes, Physicians Plus also requests information from Ingenix, Inc., through its MedPoint product, relating to pharmacy claims of our insureds and applicants for insurance.

You, your spouse, and any eligible dependents (18 and over) must sign all 3 of the following authorizations for coverage to be considered. If all 3 authorizations are not signed and do not accompany the proper enrollment forms and payment, Physicians Plus is not able to process your application for insurance.

I understand that I have the right to revoke either authorization at any time. I understand that if I revoke the authorization, I must do so in writing and submit my written revocation to Physicians Plus Member Services as described in the Physicians Plus Notice of Privacy Practices. I understand that the revocation will not apply to information already released. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations not subject to state and federal privacy and confidentiality laws and may not be protected.

I understand that I may see and copy the information described in any of the authorizations if I ask for it and that I may receive a copy of the completed authorizations.

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

Authorization for MIB to Disclose Information to Physicians Plus

By signing below, I authorize MIB, Inc. (formerly Medical Information Bureau), and any other organization that has a similar core function, to provide to Physicians Plus, and for Physicians Plus to use, protected health information relating to my past medical treatment and other personal information for making eligibility, enrollment, underwriting and risk-rating determinations. This authorization does not include use or disclosure of psychotherapy notes. This authorization will remain valid for 30 months from the date of my signature.

Member Printed Name	Signature	Date
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Any dependent 18 and over must sign and authorize the release of information to Physicians Plus.

Dependent Spouse Printed Name	Signature	Date
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18+ Dependent Printed Name	Signature	Date
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18+ Dependent Printed Name	Signature	Date
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Authorization for Physicians Plus to Disclose Information to MIB

By signing below, I authorize Physicians Plus to disclose to MIB personal health information (PHI) relating to medical treatment I received while insured by Physicians Plus and other personal information that is not PHI. I understand that my PHI may be reported to MIB in the form of a brief coded report that will be stored in the MIB database for such period as may be allowed by law and may be released to another MIB member company with my authorization if I apply for life or health insurance to that member company or a claim for benefits is submitted to that member. In addition to the MIB codes, Physicians Plus may release to the other MIB member (the company to which I apply for insurance) the details upon which the Company based the code that it reported to MIB. This authorization does not include use or disclosure of psychotherapy notes. This authorization will remain valid for 30 months from the date of my signature.

Member Printed Name	Signature	Date
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Any dependent 18 and over must sign authorizing the release of information to and from the MIB.

Dependent Spouse Printed Name	Signature	Date
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18+ Dependent Printed Name	Signature	Date
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18+ Dependent Printed Name	Signature	Date
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Authorization for Ingenix to Disclose Information to Physicians Plus

By signing below, I authorize Ingenix, Inc. to provide to Physicians Plus, and for Physicians Plus to use, protected health information relating to my past medical treatment and other personal information for making eligibility, enrollment, underwriting and risk-rating determinations. This authorization does not include use or disclosure of psychotherapy notes. This authorization will remain valid for 30 months from the date of my signature.

Member Printed Name	Signature	Date
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Any dependent 18 and over must sign and authorize the release of information to Physicians Plus.

Dependent Spouse Printed Name	Signature	Date
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18+ Dependent Printed Name	Signature	Date
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18+ Dependent Printed Name	Signature	Date
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