



Genworth Life and Annuity
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Authorization to Receive Information

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

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- Use this form to designate any person(s) or organization to receive information about your policy/certificate, including any past, current or future claims information if applicable.
- **Please print clearly** using blue or black ink, **and initial any corrections** or we may not be able to accept your request.
- Please read this entire form and complete all required fields before signing.
- For shared policies, each insured will need to fill out this form separately to designate authorized individual(s), even if both insureds designate the same individual(s).

Policy/certificate information

Policy/certificate number Insured name

•

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Designate person/organization

Your applicable Genworth company listed at the top of this page is hereafter referred to as “Insurance Company” on this form.

In this form, “you” and “your” refer to the insured or their legal representative.

You hereby authorize the Insurance Company to disclose information about your policy/certificate to those you have listed below. This information will include any applicable past, current, or future claims. This information is also considered Protected Health Information*. This authorization will remain in place as outlined in the declaration and signature(s) section.

! PLEASE NOTE: This form only adds persons or organizations, it does not revoke any previous authorizations you may have submitted. If you wish to revoke a previously authorized person or organization, please follow the instructions on page 2 about how to submit a revocation.

Disclosure Authorization - If you are granting access to a corporate entity/care provider, the information provided will be limited to information relevant to the entity’s involvement in your treatment, payment or care, and will only be released to an appropriate staff member (such as the Director of Nursing, Director of Admissions, or an administrator).

Name *Print*

•

Phone number

•

Birth date

•

Address *Complete address required*

•

City

•

State

•

Zip code

•

Name *Print*

•

Phone number

•

Birth date

•

Address *Complete address required*

•

City

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State

•

Zip code

•

* Access to Protected Health Information may be limited depending on the authority of the person signing this document (see instructions on page 3 for further details).

Authorization to Receive Information

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Declaration and signature(s)

Your signature indicates your understanding of the following:

- That you should keep a copy for reference, and a copy of it is as valid as the original.
- Unless state law imposes a shorter duration, this authorization will be valid for two (2) years from the date signed if no claim, or if there is an active claim at the end of the two (2) years, the authorization shall remain valid for the duration of the claim plus thirty (30) days after the claim ends. This authorization will remain valid during this time period unless revoked in writing.
- You may revoke any and all authorized individuals or organizations named in this authorization by mail, fax, or email to the corresponding contact information at the top of this form.
- Revocation will take effect upon our receipt of your request although it will not pertain to 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.
- The Insurance Company may not condition treatment, payment, enrollment, or eligibility for benefits on the signature of this Authorization.

If you are signing as a fiduciary or representative, you must sign in that capacity and, if you have not already done so, provide documentation of authority.

SIGN HERE X

Signature of Insured or Legal Representative

Date Signed

SIGN HERE X

Signature of Other Legal Representative

Date Signed

Authorization for the designees listed will be limited to the rights of the person(s) signing this document. (See instructions on page 3 for further details)

Capacity *Select either individual/self if you are the insured signing or select the appropriate legal representative category*

- | | | |
|---|-------------------------------------|--|
| <input type="radio"/> Individual/self | <input type="radio"/> Conservator | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative | <input type="radio"/> Administrator | <input type="radio"/> Attorney-in-fact |
| <input type="radio"/> Health Care Agent | <input type="radio"/> Guardian | |
| <input type="radio"/> Other <i>please specify</i> | | |

Policyholders Can Add an Authorized User to Your MyGenworth Account

At Genworth, you are in control of who can access your online policy information.

A MyGenworth Authorized User designation allows a person within your care circle that you choose to access your policy and claim information by phone and at MyGenworth.com.

Once registered, an Authorized User can:

- Sign up for email alerts regarding the policy and/or claim.
- Make premium payments from the portal.
- Electronically submit claims and providers for review on your behalf.

To add an Authorized User, log on or register at [Genworth.com](https://www.genworth.com).
Visit [genworth.com/AU](https://www.genworth.com/AU) or scan the QR code to learn more.

*Please note that this feature is not available for all policies



Instructions

Access to information may only be granted if the person signing this form has the authority to grant access to that information. If you are acting in a fiduciary capacity, you should review your legal documentation carefully to determine what authority you have and/or what access you may grant to others.

If the authority is not in effect until a certain event takes place (such as incapacitation or inability to make decisions), please provide evidence to support that the event has taken place as specified in the legal document. If the event has not yet occurred, you may be limited to the information you can access yourself and/or the authorization you may grant to others.

The information provided below is meant only as a guide. You must review your specific legal documentation to determine if you have the authority to access and/or grant access to certain information.

Generally speaking,

- If you are an agent under a Power of Attorney that only provides for financial authority, you may be limited to giving access to Financial Information only.
- If you are an agent under a Power of Attorney that has specific Protected Health Information provisions allowing you to grant access to Protected Health Information to others, you may grant access to Protected Health Information.
- If you are an agent under a Power of Attorney that has healthcare authority, you may grant access to Protected Health Information.
- If you are an agent under a Health Care Power of Attorney, you may grant access to Protected Health Information.
- If you have been appointed a guardian or conservator of the person, you may grant access to Protected Health Information.
- If you have been appointed a guardian or conservator of the estate, you may grant access to Financial Information only.
- If you have been appointed a guardian or conservator of the person and estate, you may grant access to Protected Health Information.

Definitions

Protected Health Information: All identifying information, Financial Information as defined below, medical information and records, answers to health questions, information supplied as part of and on the application, information relating to a claim for benefits and information from or about customers in the claim process. Examples include birth date, address, invoices, payments and assessment results.

Financial Information: A subset of Protected Health Information, this includes all information related to the policy and its provisions such as daily benefit, lifetime payment maximum, benefit check amount, invoices, Explanation of Benefits and copies of correspondence, excluding medical records.

Power of Attorney: A Power of Attorney (POA) is a legal document in which one person (known as the principal) grants another person (known as an agent or representative) the authority to act on his or her behalf. The document may also contain restrictions regarding when it becomes effective or when the powers terminate. Every act performed by the agent within the authority of the POA is legally binding upon the principal.

HealthCare Power of Attorney: Authorizes a person to act as a healthcare agent for the principal. This person may make health care decisions and has access to Protected Health Information. May include a clause that authorities only take effect upon an event specified in the POA document (e.g., declaration of the principal's incapacity).

Guardianship/Conservatorship: Refers to a legal document that grants legal authority by a court of law. The court will grant Guardianship (or Conservatorship in some states) when it has been shown that the Insured is unable to handle his/her own affairs.