



Authorization for Release of Health-Related Information
To Great-West Life & Annuity Insurance Company
This authorization complies with the HIPAA Privacy Rule

Name of insured/patient (please print) Date of birth Social Security #

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider, insurer, plan, fund, group administrator and/or third party administrator that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record and any other protected health information concerning me to Great-West Life & Annuity Insurance Company and its agents, employees, and representatives.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider, insurer, plan, fund, group administrator and/or third party administrator to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Great-West Life & Annuity Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Great-West Life & Annuity Insurance Company.

This authorization shall remain in force for 30 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Great-West Life & Annuity Insurance Company at 8515 East Orchard Road 9T2, Greenwood Village, CO 80111, Attention: Privacy Official.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, Great-West Life & Annuity Insurance Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

Signature of Insured/Patient or Personal Representative Date

Description of Personal Representative's Authority or Relationship to Patient

Great-West Life & Annuity Insurance Company's Variable Products (formerly Canada Life Insurance Company of America) are underwritten by GWFS Equities, Inc., 8515 East Orchard Road, Greenwood Village, CO 80111.

GWFS Equities, Inc. is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.