

Policyholder Name: _____

Dearborn Life Insurance Company Group and Account # ("Policy"): _____

Please select the services being provided by the Vendor(s) below and provide the vendor name in the space provided.

Enrollment & Billing Vendor Name _____

New (as of date) _____ Change (as of date) _____

Enrollment Only Vendor Name _____

New (as of date) _____ Change (as of date) _____

Billing Only Vendor Name _____

New (as of date) _____ Change (as of date) _____

Other (must be approved by Dearborn Life Insurance Company) _____

Vendor's Contact Information:

Vendor's Contact name _____ Phone _____

Vendor's Contact email address _____

When Dearborn Life Insurance Company establishes an eligibility file or medical evidence integration with a Policyholder's Vendor this Authorization form must be completed.

POLICYHOLDER VENDOR AUTHORIZATION

This signed Authorization Form must be submitted to Dearborn Life Insurance Company by the group entity applying for Dearborn Life Insurance Company benefit plans as the Policyholder ("Policyholder").

THIS POLICYHOLDER AUTHORIZATION is made and entered into the _____ day of _____, _____ ("Effective Date") by and between Dearborn Life Insurance Company and Policyholder.

WHEREAS, Policyholder has selected Vendor _____ to provide _____ Services on their behalf; and

WHEREAS, Such Services require that Dearborn Life Insurance Company provide Vendor with Confidential Information including, but not limited to, Personal Identifiable Information ("Data");

NOW, THEREFORE, in consideration of the promises and mutual covenants in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Policyholder agrees as follows:

- a. it has entered into a separate agreement with the Vendor to provide Services including those set forth above and such agreements require that the Vendor complies with all applicable laws related to the Services and the security and privacy of its Data as well as performing its Services in a manner in compliance with the Policy; and
- b. Dearborn Life is not a party to the agreement between Policyholder and Vendor; and
- c. Policyholder, not Dearborn Life, is responsible for assessing and monitoring Vendor's privacy and security regarding the Data; and
- d. to authorize the exchange of Data between Dearborn Life and Vendor and requires that such transfer occur in a format designated by Dearborn Life; and
- e. in the event that Vendor fails to comply with Dearborn Life technical requirements, Dearborn Life may reserve the right to cease exchanging Data with Vendor with no liability; and
- f. for the purposes of the Services, Vendor stands in the place of the Policyholder and Vendor's conduct shall inure to the benefit of Policyholder; and

- g. Dearborn Life has no liability for the truth or accuracy of the Data provided by Policyholder and has the right to assume that all Data received from Vendor is true and accurate; and
- h. To provide Dearborn Life notice within 24 hours of any breach of the Data by Vendor or Policyholder; and
- i. To defend and hold Dearborn Life, its directors, officers, agents, employees, and related entities harmless from any and all claims, demands, liabilities, damages, penalties, fines, losses, attorneys' fees and expenses, suits, judgments and settlements ("Claims"), whether or not brought by third parties, arising out of or in connection Vendors performance of Services; and
- j. To notify Dearborn Life within thirty (30) days of Policyholder receiving notice of any changes in Vendor's ownership or in a change in Vendor; and
- k. Dearborn Life is not liable for any payments owed to Vendor pursuant to the agreement between Policyholder and Vendor.

The Policy is not modified by this Vendor Authorization Form, and the terms and conditions of the Policy remain in full force in effect, unless explicitly overruled herein.

The individual signing this authorization form has the authority: (i) to bind the Policyholder to the terms and conditions set forth above; (ii). to provide access to the Vendor and to authorize Dearborn Life Insurance Company to receive and send the information to the Vendor.

Signature: _____ Date: _____

Title: _____