

INSTRUCTIONS. COMPLETE (A) OR (B). NOT BOTH.

(A) Call the MIB, Inc. toll-free telephone number at 1-866-692-6901 to make your request. OR,

(B) Complete and sign this form. Mail the completed and signed form to "MIB, Inc. 50 Braintree Hill Park, Suite 400, Braintree, MA 02184" to make your request.

PERSONAL AND CONFIDENTIAL

TO: MIB, Inc.
50 Braintree Hill Park, Suite 400
Braintree, MA 02184

RE: Annual Request for Disclosure of Complete Consumer File

Dear Disclosure Officer,

I am writing to request that MIB, Inc. (Medical Information Bureau) provide a consumer report disclosure by postal mail. Where available, MIB's response must include all information in the file, including sources and disclosures. "The MIB, Inc., and all insurance companies who are members of the MIB, will abide by the Fair Credit Reporting Act." (<http://bit.ly/FTC-MIB-1995>) As a nationwide specialty consumer reporting agency, MIB Inc. "must provide a toll-free number that is published in every telephone directory in which a number for the company appears, and is clearly and prominently posted on the company's website. In addition, federal law requires the company to have clear and easy instructions for consumers to get these reports, and adequate staff in place or means to deal with consumers' requests." (<http://bit.ly/CFPB-NSCRA-2012>).

SECTION I – Primary Identification Information:

Prefix: _____ Suffix: _____

Last Name (surname) First Name (given name) Middle

Current Address Street, PO Box, Apt.

City or Town State Zip Code

Telephone Number Date of Birth (Y/M/D) Occupation

Place of Birth (US State / Canada Province / Country) Social Security Number

SECTION II – Supplemental Information – Other names used:

Please list all other names or variations that would have been given to any insurance company within the past seven years. This additional information may assist MIB Group, Inc. in identifying a record, if any, should there be other records with similar identifiers.

(i) Last Name (surname) (i) First Name (given name) (i) Suffix

(ii) Last Name (surname) (ii) First Name (given name) (ii) Suffix

SECTION III – Other Address Information:

If you have been at your current residence for less than seven years, please provide your prior residence address. If none, leave blank.

Current Address Street, PO Box, Apt.

City or Town State Zip Code

SECTION IV – Certification of MIB Group, Inc. Identification Information

I certify that I am providing my information, as requested, in accordance with the FCRA and all applicable laws. I understand that filing false information may be punishable to the fullest extent of the law. By my signature and intent, I affirm that I am the individual described in each Section, or the parent or legal guardian of said individual, and that the information contained herein is true and accurate.

SIGNED

DATED