

ANSWERS MADE TO THE MEDICAL EXAMINER
In continuation of and forming part of application for insurance to
Assurity Life Insurance Company
P.O. BOX 82533, LINCOLN, NEBRASKA 68501-2533



Print full name of Proposed Insured \_\_\_\_\_ Born: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

1. Name of your doctor \_\_\_\_\_ Date last seen \_\_\_\_\_
Address \_\_\_\_\_ Reason \_\_\_\_\_
Findings \_\_\_\_\_
Doctor's Phone number \_\_\_\_\_

2. Has the proposed Insured ever used any form of tobacco or nicotine-based products? \_\_\_\_\_ Yes No
If Yes, when did the proposed Insured last use tobacco or nicotine-based products? Date: \_\_\_\_\_

3. Family History: Has any of your immediate family members (parents, brothers, or sisters) died from cancer, diabetes or cardiovascular disease prior to age 60? \_\_\_\_\_ Yes No
If "Yes", identify family member, disorder, and age at death \_\_\_\_\_

Table with 3 columns: Question, Yes, No. Contains 13 medical conditions for screening (a-n) such as dizziness, asthma, high blood pressure, etc.

I represent that these statements are true and complete to the best of my knowledge and belief. They are part of my insurance application.

Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Date \_\_\_\_\_

Signature of Proposed Insured \_\_\_\_\_

Witness \_\_\_\_\_ Signature of Medical Examiner \_\_\_\_\_

- M.D.
D.O.
Para Med



**NOTICE AND CONSENT FOR BLOOD TESTING  
WHICH INCLUDES AIDS VIRUS (HIV) ANTIBODY TESTING**

To determine your insurability, the Insurer named above has requested that you provide a sample of your blood for testing and analysis. All tests will be performed by a licensed laboratory. A test will be performed to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test is actually a series of tests done by a medically accepted procedure. The series consists of two ELISA tests followed by a Western Blot test. The test is extremely reliable. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders.

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test result for HIV antibodies is other than normal, the Insurer will report to the MIB, Inc. a generic code which signifies only a non-specific blood test abnormality. If your HIV antibody test is normal, no report will be made about it to the MIB, Inc. Other test results may be reported to the MIB, Inc. in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

If your HIV antibody test result is normal, no routine notification will be sent to you. If the HIV antibody test result is other than normal, the Insurer will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer may ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results.

A positive HIV antibody test result does not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody positive should be considered infected with the AIDS virus and capable of infecting others. A negative HIV antibody test result means that no antibodies to the HIV virus were found. Because of varying incubation periods, absence of HIV antibodies does not necessarily mean that you have not been infected with the virus.

A positive HIV antibody test result or other significant blood abnormalities will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

Additional information concerning the meaning of the test and the interpretation of the results of the test may be obtained from a private physician, the County Department of Health, the State Department of Health Services, local Medical Societies, or Alternative Test Sites.

I have read and I understand this Notice and Consent for Blood Testing Which Includes AIDS Virus (HIV) Antibody Testing. I voluntarily consent to the withdrawal of blood from me, the testing of that blood, and the disclosure of the test results as described above.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original. This authorization is valid for six months.

NAME OF PROPOSED INSURED (PLEASE PRINT)		BIRTHDATE
SIGNATURE OF PROPOSED INSURED	DATE SIGNED	STATE OF RESIDENCE CALIFORNIA