

APPLICATION PART II - MEDICAL EXAMINATION

Administrative Office:
ING Service Center
2000 21st Ave. NW
Minot, ND 58703

- ReliaStar Life Insurance Company, Minneapolis, MN
Security Life of Denver Insurance Company, Denver, CO

Name of Proposed Insured Date of Birth SSN

Name of personal physician or clinic Telephone Number

Address of personal physician or clinic

Date last consulted Reason for, and results of consultation

- 1. In the past 10 years, have you ever been treated for or been diagnosed by a member of the medical profession or health practitioner as having:
a. Dizziness, fainting, seizures, convulsions, optic neuritis, headache, paralysis, stroke, TIA, mental or nervous disorder, including anxiety or depression?
b. Shortness of breath, persistent hoarseness or cough, spitting of blood, asthma, emphysema, tuberculosis, or chronic respiratory disorder?
c. Chest pain, palpitations, high blood pressure, heart murmur, heart attack, or other disorder of the heart or blood vessels?
d. Jaundice, intestinal bleeding, ulcer, hepatitis, colitis, or other disorder of the stomach, intestine, liver, pancreas, or gall bladder?
e. Sugar, albumin, blood or pus in urine, sexually transmitted disease, nephritis, stone, or other disorder of kidney, bladder, breasts, prostate, or reproductive organs?
f. Diabetes, thyroid, or other endocrine disorder?
g. Disorder of the skin or lymph glands, arthritis, or disorder of the muscles, joints or bones?
h. Anemia or other disorder of the blood?
i. Positive HIV (Human Immunodeficiency Virus) test, AIDS (Acquired Immunodeficiency Syndrome), or other disease or disorder of the immune system in connection with an application for insurance?
2. Have you:
a. Experienced any symptom(s) for which you have not yet consulted a health care provider?
b. Had any operation(s) in the past 10 years?
c. In the past 5 years been advised to have operation(s), treatments, or diagnostic tests not yet performed?
d. Had an electrocardiogram, x-ray, or other diagnostic test in the past 5 years?
e. Sought or been advised to seek advice or treatment for the use of alcohol?
f. In the past 10 years been confined for observation, care, or treatment in a hospital or other health care facility?
g. In the past 5 years consulted any health care provider(s), not already identified, for any reason including routine physical examination?
h. Ever had a tumor, pre-cancerous lesion or cancer?
3. Are you:
a. Presently taking any medication(s), including non-prescription/over the counter medication or supplements?
b. Currently using or have you ever used Ecstasy, marijuana, cocaine, amphetamines, barbiturates, hallucinogenic agents, narcotics, or any other drug except as legally prescribed by a health care provider?

For any "Yes" answer to questions 1-3 please record information in chart below.

Qu. #	Condition	Diagnosis	Dates/Duration of Condition/ Treatment	Name of Doctor	Address of Doctor

4. Family History			
	Age if Living	Age at Death	Present Health or Cause of Death
Father			
Mother			
Brother(s)			
Sister(s)			

**I have read the statements given in the examination and affirm that they are complete and true to the best of my knowledge and belief.**

Signed at (City, State) \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Proposed Insured (if age 15 or older) \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent or Guardian (if the Proposed Primary Insured is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Examiner \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EXAMINER'S REPORT**

Provide further clarification in space provided below.

- 1a. How long have you known the Proposed Insured? \_\_\_\_\_
- b. Are you related to him/her or to the agent? ...  Yes  No
- 2a. Exact weight \_\_\_\_\_ b. Exact height \_\_\_\_\_
- c. Weight increase/decrease in last year \_\_\_\_\_
- d. Girth (males only)  
Chest at forced expiration \_\_\_\_\_ Abdomen \_\_\_\_\_

3a. Blood Pressure: (Use right arm while seated. Two readings are recorded, none disregarded.) If systolic over 140 or diastolic over 90, take 3rd and 4th readings after 10 minutes of rest.

	1st	2nd	3rd	4th
Systolic				
Diastolic				

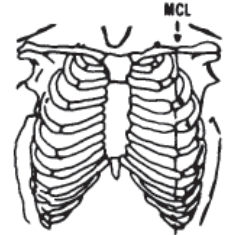
- b. Rate of Pulse \_\_\_\_\_
- 4a. Have the blood and urine specimens been sent?..  Yes  No
- b. Lab ticket number \_\_\_\_\_
- c. Name of Lab \_\_\_\_\_
- 5. Was the EKG completed? (if required).....  Yes  No
- 6. For females only.
  - a. Was the Proposed Insured menstruating at the time the urine specimen was voided? .....  Yes  No
  - b. Is the Proposed Insured pregnant? .....  Yes  No
- 7. Does the Proposed Insured currently use or has he or she ever used tobacco or nicotine products in any form, e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum or nicotine patches? .....  Yes  No  
If "Yes", type and daily amount \_\_\_\_\_  
Date last used \_\_\_\_\_
- 8a. Peripheral pulses:  Normal  Decreased
- b. Is there any irregularity or abnormality of the cardiac rhythm? .....  Yes  No  
Nature of irregularity \_\_\_\_\_  
Number of irregularities per minute \_\_\_\_\_  
Number of irregularities after exercise \_\_\_\_\_

- c. Is there any abnormality of the quality or intensity of the heart sounds?.....  Yes  No
- d. Are there any heart murmurs?.....  Yes  No  
If "Yes", diagnosis:  Functional  Organic  
Type \_\_\_\_\_

Please indicate:

- | <u>Timing</u>                        | <u>Intensity</u>                  | <u>Quality</u>                   |
|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Systolic    | <input type="checkbox"/> Faint    | <input type="checkbox"/> Soft    |
| <input type="checkbox"/> Presystolic | <input type="checkbox"/> Moderate | <input type="checkbox"/> Blowing |
| <input type="checkbox"/> Diastolic   | <input type="checkbox"/> Loud     | <input type="checkbox"/> Rough   |

Indicate on diagram point of maximum intensity or murmur with O and direction of transmission with ➔



- e. Is the heart enlarged?.....  Yes  No
- 9. Have you found any evidence of past or present disease of:
  - a. Head or neck?.....  Yes  No
  - b. Eyes, ears, nose or throat? .....  Yes  No
  - c. Lymph nodes?.....  Yes  No
  - d. Brain or nervous system? .....  Yes  No
  - e. Lungs or chest?.....  Yes  No
  - f. Abdomen? .....  Yes  No
  - g. Genito-urinary system? .....  Yes  No
  - h. Extremities or Peripheral vessels?.....  Yes  No
  - i. Skin?.....  Yes  No
  - j. Any other part of the body?.....  Yes  No

Explain any "Yes" answers in #12.
- 10a. Is there evidence of dementia? .....  Yes  No
- b. Is there any evidence the Proposed Insured is unable to perform independent activities of daily living? (IADL) ....  Yes  No
- 11. If your examination revealed any condition requiring further investigation or immediate treatment, have you advised the Proposed Insured? .....  Yes  No

12. Remarks and Explanations \_\_\_\_\_

**To the Medical Examiner: Any erasures or alterations in this report should be initialed by you.**

Examination was made at:  Proposed Insured's Residence  Proposed Insured's Business  Examiner's Office  Other \_\_\_\_\_

Examiner's Name (please print) \_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Examiner's Address \_\_\_\_\_

Board Certified  Board Eligible Phone Number \_\_\_\_\_ SSN/TIN \_\_\_\_\_



Insurer Name \_\_\_\_\_

Insurer Address \_\_\_\_\_

## NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING – CALIFORNIA

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood for testing and analysis to determine, the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result.

### DESCRIPTION AND PURPOSE OF TESTS TO BE PERFORMED

A series of three tests will be performed by a licensed laboratory on your blood sample in accordance with medical protocols required by the California Insurance Code to determine whether you may have been infected with the HIV virus. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.

1. The laboratory will perform initial Elisa blood test.
2. If the initial Elisa test is positive, then a repeat Elisa blood test will be performed.
3. If the second Elisa test is positive, a Western Blot test will be conducted to confirm the positive Elisa test results. If any of the three tests yield negative results, the tests will not be used for underwriting purposes.

If you have a positive Elisa test followed by a reactive Western Blot Assay performed on the same specimen, your life insurance application will be declined.

### POTENTIAL USES

If your HIV test results are positive, the company will report a "nonspecific abnormality" of your blood to the Medical Information Bureau. The Medical Information Bureau contains the names and computerized medical records of insurance applicants nationally. The report will not identify you as having an abnormal HIV antibody test because many other blood abnormalities are reported to the Bureau under the same classification.

### LIMITATIONS

An HIV test is considered positive only when conducted according to the protocol specified by the California Insurance Code. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:

- a. False positives: The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
- b. False negatives: The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test results to develop after a person is infected.

### MEANING OF THE TEST RESULTS

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you are at seriously 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. If your blood is tested for HIV antibodies and if your test results are positive, the company will notify the physician designated below to whom you have authorized disclosure and with whom you may discuss the results. Positive HIV antibody test results will adversely affect your insurance application.

### DISCLOSURE OF TEST RESULTS

All test results will be treated confidentially. Test results will be reported to the company. The results may be reported to ING affiliates, reinsurers, or contractors in connection with insurance you have or have applied for. In addition, if our HIV antibody test is positive, a generic code signifying a nonspecific blood abnormality will be reported to the Medical Information Bureau (MIB, Inc.) as described in the notice given you at the time of application. The fact that the test has been done and the results of the test will not be otherwise disclosed except as may be required by law or as authorized by you.

### CONFIDENTIALITY OF TEST RESULTS

Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application.

### NOTIFICATION OF TEST RESULT

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results means, you are asked to list your private physician so that the Insurer can have him or her tell you the test results and explain its meaning.

Name of physician for reporting a possible positive test result:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

If you do not wish to know the results of the test, initial here: \_\_\_\_\_. In the event the test is positive and you are denied coverage because of that fact and you request the reason for the denial, the Insurer will require you to name a physician at that time in order to receive the information.

If you want to know the results of the test but do not at present have a private physician, initial here: \_\_\_\_\_. The result will be sent to you at the address provided by registered mail with delivery restricted to you only.

### CONSENT

I have read and I understand this Notice and Consent for AIDS-Related Blood 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 have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test result is positive.

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 expires thirty months from the date it is signed.

\_\_\_\_\_  
Signature of Proposed Insured or Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Proposed Insured (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

## LATEST FACTS ABOUT AIDS

### *If Your Test For Antibody to the AIDS Virus Is Positive\**

The virus\*\* that causes AIDS (acquired immune deficiency syndrome) may have infected as many as 1 to 1-1/2 million Americans.

Many people who are infected with the virus have not developed any symptoms, while others have had relatively minor illnesses. The most serious form of illness caused by the virus is AIDS, which involves loss of the body's natural immune defenses against disease.

The AIDS virus is primarily spread by sexual contact and by sharing of contaminated needles and syringes among users of intravenous drugs. The virus can also be transmitted from infected mothers to their babies during pregnancy, at birth, or shortly after birth (probably through breast milk). In a small number of cases, the virus has been spread through blood transfusions and through blood products used to treat patients with hemophilia and other blood clotting disorders.

#### THE AIDS ANTIBODY TEST

Antibodies are substances produced in the blood to fight disease organisms. When antibodies to a specific organism are found in a person's blood, they indicate that the person has been infected by that particular organism.

Since spring 1985, a test for antibody to the AIDS virus has been used by blood collection centers to keep donated blood and plasma that might carry the virus from becoming part of the nation's blood supply. The antibody test is also available — through private physicians and at clinics in most states — to people who may want to know their antibody status. Those considered to be at risk of infection include men who have had sex with another man since 1977; people who inject illegal drugs, or who have done so in the past; people with symptoms that suggest AIDS virus infection; people from Haiti and Central African countries, where heterosexual transmission seems to be more common than in this country; male or female prostitutes and their sex partners; sex partners of persons who are infected or are at increased risk of infection; people with hemophilia who have been treated with clotting factor products; and infants of high-risk or infected mothers.

#### WHAT DOES A POSITIVE ANTIBODY TEST MEAN?

If your test for AIDS antibody is positive, it usually means that you have been infected by the virus. Occasionally, however, a person may have a positive test result even though he or she has never been exposed to the AIDS virus. This is called a "false positive" reaction. To be sure that the test result is truly positive, the test is repeated, and in some cases a different type of laboratory test may also be performed.

A positive test result does not mean that you will get AIDS — many people with a positive test either remain free of symptoms or develop less serious illnesses. The antibody test cannot tell you whether you will eventually develop signs of illness related to AIDS virus infection — or, if you do, how serious that illness might be.

A positive test result does indicate that you have been infected by the AIDS virus and most probably can transmit it to others, even if you show no symptoms. It's likely that you will carry the virus in your body throughout your life.

#### HOW CAN I PROTECT MY HEALTH?

After getting the results of your test, you should see a doctor for a checkup and follow-up care. Your doctor will want to discuss your situation with you thoroughly, answer your questions, make sure that you receive the counseling you need, and check you at regular intervals to help you maintain your health.

#### HOW CAN I PROTECT OTHERS?

To protect others from getting the virus from you, there are some important steps you should take:

- Be sure to tell your sex partners about your positive test result. Avoiding sex would eliminate any risk of spreading the virus by sexual means; however, if you and your partner decide to go ahead, be careful to protect him or her from contact with your body fluids, which may carry the AIDS virus. ("Body fluids" includes blood, semen, urine, feces, saliva, and vaginal secretions.) Use a condom, which will help reduce the chances of spreading the virus, and avoid practices, such as anal intercourse, that may injure body tissues and make it easier for the virus to enter the bloodstream. Oral-genital contact should also be avoided, as should open-mouthed, intimate kissing.
- People who have been your sex partners may have been exposed to the AIDS virus. If you have used intravenous drugs, anyone you have shared needles and syringes with may have been exposed too. You should tell these persons about your positive test result and urge them to seek

counseling and antibody testing from a doctor or health clinic.

- Don't share toothbrushes, razors, tweezers, or other items that could become contaminated with blood.
- If you use drugs, consider enrolling in a drug treatment program to help protect your health. Remember that needles and other drug equipment must never be shared.
- Don't donate blood or plasma, body organs, other body tissue, or sperm.
- Clean spills of blood or other body fluids on household or other surfaces with freshly diluted household bleach — one part bleach to 10 parts water. (Don't use bleach on wounds.)
- When you seek medical help, tell the doctor, dentist, eye doctor, or other health worker who gives you care about your positive AIDS antibody test, so that steps can be taken to protect you and others.
- If you are a woman with a positive test result, consider avoiding pregnancy until more is known about the risks of transmitting the AIDS virus to your baby. If you do become pregnant, it's important to see a doctor for regular care during your pregnancy. Because the AIDS virus has been found in breast milk, you should not breastfeed your baby.

#### WHAT ABOUT THE ORDINARY ACTIVITIES OF MY DAILY LIFE?

You should be careful to follow the normal practices everyone needs to maintain good health: Eat a well-balanced diet, exercise, rest, and try to manage your life in a way that avoids undue stress. But there's no reason to change your activities in ways beyond those that have already been discussed.

Your positive test status should not affect your contacts with people at work or in social situations. Special precautions are not necessary: The AIDS virus is not spread by ordinary nonsexual contact such as shaking hands, sharing an office, coughing or sneezing, preparing or serving food, or sharing toilet facilities.

Your relationships with family members and friends should continue to be close and supportive. Hugging, kissing on the cheek, and other forms of affectionate behavior that don't involve exchange of body fluids do not spread the AIDS virus.

It should be stressed that scientists have not found a single instance in which the AIDS virus has been transmitted through ordinary nonsexual contact in a family, work, or social setting.

#### A FINAL WORD

The news that you have had a positive result on your AIDS antibody test is not easy to receive. For your follow-up care, it's best to establish a close relationship with a doctor you trust, so that you can speak openly about your feelings, problems, and any fears you may have. Above all, ask questions — and seek assurance from any health professional who takes care of you that all information related to your health will be kept in the strictest confidence.

The U.S. Public Health Service has made AIDS and other AIDS virus-related illnesses its number one priority. Scientists all over the country are working to find ways to eliminate the AIDS virus as a threat to health. A great deal of research progress has been made — and made quickly — and there is every reason to expect these advances to continue at an even faster pace.

*More information about AIDS and AIDS-related illnesses can be obtained from —*

- Your doctor.
- Your state or local health department.
- The Public Health Service's toll-free hotline: 1-800-342-AIDS.
- Your local chapter of the American Red Cross.

If you would like information about drug treatment programs, call the toll-free hotline of the National Institute on Drug Abuse: 1-800-662-HELP.

*\*Article reprinted with permission of the author. American Red Cross.*

*\*\*The virus that causes AIDS and related disorders has several different names: HTLV-III, LAV, ARV, and most recently HIV. In this article it is called "the AIDS virus."*