

6. Family Record	Age(s) if Living	Age(s) at Death	Cause of Death
Father			
Mother			
Brothers and Sisters			

7. Has any family member listed in Number 6 had cancer, diabetes, high blood pressure, heart disease, or kidney disease? If "YES", identify family member, disorder, age of onset. If there is a history of cancer, indicate kind(s) of cancer. YES NO

8. At any time during the past five years have you been hospitalized or have you consulted, been examined or treated by any other physician, psychiatrist, or medical practitioner not disclosed in response to Questions 2 through 4? If "YES", list all occurrences and provide name(s)/address(es), dates, and reasons. YES NO

9. Have you:
- a. Been advised, in the last two years, to have any diagnostic test, surgery, or hospitalization which has not been completed? YES NO
 - b. Have you ever been treated for dizziness, headaches, tremors, muscle weakness, persistent hoarseness or cough, or coughing up blood? YES NO
 - c. Have you been diagnosed or treated by a member of the medical profession as having AIDS, ARC, or the HIV infection? YES NO
 - d. Ever received any sickness or disability pension, benefits, or compensation? YES NO
 - e. Ever attempted suicide or sought counseling for suicide prevention or for thoughts about suicide? YES NO
 - f. Any mental or physical disorder not listed in response to Questions 2 through 9? YES NO

10. Are you currently taking or have you been advised to take any medication? YES NO
If "YES", list name of medication, reason, and doctor's name and address.

11. What is your height? _____ Weight? _____ Have you lost weight in the past year? YES NO
If "YES", provide amount of weight loss and reason in Number 13.

12. Who is your personal physician? *If none, state none.*

Name _____
Street _____
City _____ State _____ Zip _____
Phone No. () _____ Date last seen? _____
Why? _____ Results? _____
What tests were made? _____ Were the results normal? *(If no, give details below.)* Yes No

13. Details of Items 7 through 12. Give complete details for all "Yes" answers. Identify question number and include diagnoses, dates, durations, treatments and medications prescribed, and names/addresses of all physicians, psychiatrists, psychologists, and hospitals. Use #5, if additional space needed.

Question No.	

All statements and answers to the foregoing questions in this Part Two application are, to the best of my knowledge and belief, true, complete, and correctly stated. I agree that a copy of this Part II shall be attached to and form part of any policy issued based on my application.

Dated at _____ City _____ State _____ On _____ Month/Day/Year

Signature of Proposed Insured _____ Signature of Witness _____ Examiner Agent

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Executive Office: 1300 S. Clinton Street • Fort Wayne, Indiana 46801

Administrative Office: 10 North Martingale Road • Schaumburg, Illinois 60173-2268 • (847) 466-8100

MEDICAL EXAMINER'S REPORT

Instructions to the Examiner —

This examination, once begun, is the property of the Company, and must not be destroyed, suppressed, or given to the Proposed Insured. Please weigh and measure this applicant. Explain all positive findings under "Remarks".

The questions which appear below are intended only as a basis for the examination. The Company relies on its examiners to observe and report all information bearing on the acceptance of a proposed insured, even though not specifically requested on this form. If for any reason you do not care to give certain confidential information on this form, please record such information on a separate sheet and mail directly to the Medical Director of the Company.

1. Height (in shoes) _____ ft. _____ in. **Measurements (males only)**
Chest (full inspiration) _____ in. Chest (forced expiration) _____ in.
Weight (clothed) _____ lbs. Abdomen (at umbilicus) _____ in.

2. **Blood Pressure** (if above 140/90 or if Proposed Insured has had hypertension, provide two additional readings taken at intervals.)

Initial reading _____

Additional readings _____

3. **Pulse** At rest _____

Describe any irregularities (No. per minute, etc.)

4. **Have you drawn a blood specimen and mailed it to the lab along with a urine specimen?** Yes No

Indicate name of lab _____

IF EXAMINATION IS DONE BY A PHYSICIAN, ANSWER SECTIONS 5, 6, AND 7. OTHERWISE GO DIRECTLY TO SECTION 8.

5. After physical examination and inquiry, do you find any abnormality of the following:

	YES	NO	REMARKS
a. Eyes, ears, nose, mouth, pharynx?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Skin (incl. scars), thyroid, lymph nodes, veins, peripheral arteries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Brain, nervous system (include reflexes, gait, coordination, paralysis)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Stomach, abdominal organs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Is the liver enlarged?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Genitourinary system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Heart or blood vessels? (If there is a history of rheumatic fever, heart murmur, or if you find any abnormality in heart size, rhythm, or sounds, complete Section 6.)	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICAL EXAMINER'S REPORT (continued)

6. To be completed if number 5h is answered "Yes" or if requested:

	YES	NO	REMARKS
a. Is there evidence of cardiac enlargement, or abnormal location of the apical impulse (PMI)?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are there any abnormalities of the first (S1) or second (S2) heart sounds?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are there gallops (S3 or S4)?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is/are there ejection sound(s) or systolic click(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is/are there murmur(s) present? If "Yes", fully describe under "Remarks" including timing (systolic or diastolic), intensity (grd. 1-6), location, transmission, or radiation.	<input type="checkbox"/>	<input type="checkbox"/>	
7. a. Are you aware of additional medical history: signs, symptoms, or laboratory findings not brought out in the foregoing questions?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the Proposed Insured appear in any way unhealthy or older than the stated age?	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Were you acquainted with the Proposed Insured prior to this examination? If "Yes", fully describe the relationship in "Remarks".	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are you the proposed insured's personal physician?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Was the examination conducted in a language other than English? If "Yes", indicate language used and provide name/address/relationship to proposed insured of person acting as interpreter.	<input type="checkbox"/>	<input type="checkbox"/>	

9. How did you identify the Proposed Insured? Driver's license Other _____

I hereby certify that I have personally examined _____ and have correctly and fully reported my findings. Name of Proposed Insured

Examined at _____, this _____ day of _____, 19____,

at _____ AM/PM Signature of Examiner Paramed MD _____ Examiner

Print Examiner's Name _____

Examiner's phone no. () _____

Paramed Company _____ Phone No. () _____

Address _____

2012



Notice and Consent Form for AIDS Virus (HIV) Antibody/Antigen Testing

Also administrative agent for:
CIGNA Life Insurance Company
Connecticut General Life Insurance Company
Aetna Life Insurance Company
ING Life Insurance and Annuity Company

So that we may evaluate your eligibility for insurance, it is requested that you consent to be tested to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV). By dating and signing this form, you agree that these tests may be performed and that the test results will be used in making our underwriting decision. This form also provides information about the test and other important information which we urge you to read.

Information About AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system caused by the Human Immunodeficiency Virus (HIV). In some individuals, the virus reduces the body's normal defense mechanisms against certain diseases or infections. As a result, such individuals often develop unusual conditions such as severe pneumonia or a rare skin cancer. The symptoms of AIDS may include the following, although other causes of these symptoms are more likely: unexplained weight loss; persistent night sweats, cough, shortness of breath, diarrhea and white spots evidencing fungal infection; fever and swollen lymph nodes lasting more than one month; and raised purple spots on or under the skin or on the mucous membranes.

HIV Antibody Test

The HIV antibody test is actually a series of* tests performed by a medically accepted procedure. It is not a test for AIDS. The purpose of the tests is to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. These tests have a high degree of accuracy. Test results are not 100% accurate, however. It is possible to have a false positive or a false negative.

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 behaviors.

False negatives: The test gives a negative result, even though you are infected with HIV. This is most likely to happen in recently infected individuals. It takes at least 4 to 12 weeks for a positive test result to develop after an individual is infected, and could take as long as 6 to 12 months.

Meaning of Test Results

Positive test results: While positive test results do not necessarily mean you have AIDS, they do mean that you are at increased risk of developing AIDS or AIDS related conditions. It is generally agreed by the medical community that an individual infected with the HIV virus is infected for life.

A positive test result will adversely affect your application for life insurance. This means your application will be declined.

Negative test results: A negative test result means that the presence of antibodies or antigens to the HIV virus was not detected.

Voluntary and Anonymous Testing

Taking an HIV antibody test is voluntary. You have the right to decide not to be tested. If you decide not to be tested, you do not have to sign this form. However, if you elect not to be tested, we will be unable to further process your application for insurance. You also have the right to anonymous testing in which your name is not known to those performing the test. Anonymous testing is available at several locations. These locations can be obtained from your local health department.

Disclosure of Test Results

All test results will be treated confidentially. The results of the test will be reported to the insurer identified on this form. The results may also be reported to its affiliates, reinsurers, medical personnel, laboratories, and insurance support organizations in connection with insurance for which you have applied. In addition, if your HIV antibody test is positive or indeterminate, a code for non-specific test abnormality may be submitted to the Medical Information Bureau. No other disclosure will be made, except as may be required by law or as authorized by you.

If you own a Connecticut General Life Insurance Company (CG) or CIGNA Life Insurance Company (CLIC) contract, CG or CLIC remains the insurer and is responsible for payment of all benefits. The address and phone number for CG and CLIC are: 900 Cottage Grove Road, Routing S153, Hartford, CT 06152-2153, 860-726-6000.

*Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
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continued on back

If your HIV test results are known, it may help your doctor determine the medical care you need. Please indicate below the name and address of the physician to whom we may send test results if they prove to be abnormal:

Name _____

Address _____

City, State, ZIP _____

Behavioral Patterns that Place a Person at Risk for HIV

The AIDS virus is spread by sexual contact with an infected person, by exposure to infected blood such as through needle sharing during intravenous drug use, or as a result of a transfusion of blood or its components (but this is rare), or from an infected mother to her newborn infant.

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure of the test results as described above.

Date _____

Proposed insured or signature of
proposed insured or parent/guardian _____

Prevention

Individuals who have a history of high risk behavior should seriously consider changing their behavioral patterns to prevent getting or transmitting AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices and not sharing needles. If you test positive, you may also want to consider other changes in your life, such as whether to have children.

AIDS and AIDS-related complex (ARC), and can be found in people who do not have AIDS or ARC but have been exposed to the virus.

Your blood sample will first be subjected to a test known as ELISA (enzyme-linked immunosorbent assay). If the result of this test is positive, the ELISA test will be repeated. If this repeat ELISA test is also positive, your blood specimen will then be subjected to another, more specific technique called the Western blot test, for confirmation. Your test result is considered positive only after positive results are obtained on two ELISA tests and a Western blot test.

PRE-TESTING CONSIDERATION

Many public health organizations have recommended that before taking an HIV virus antibody test a person seek counseling to become informed about the implications of such tests. You may wish to consider counseling, at your expense, prior to being tested. Although prohibited by law, discrimination in housing, employment or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.

DISCLOSURE OF TEST RESULTS

All test results are confidential, except as provided by law. The results of the test will be reported to the insurance company named on your application for insurance. The insurer may not by law, release positive test results except as provided below:

- If your HIV antibody test result is *normal*, you will not be notified.
- A physician or other health care provider, as you designate, will be notified of an *abnormal* HIV antibody test result.
- If no physician is designated, you will be notified of an *abnormal* test result. At such time, you may identify your physician or another person to whom you may want the positive results released.
- *Abnormal* test results may be disclosed to persons hired by the insurer who participate in medical underwriting decisions of the insurer. *Abnormal* test results may also be disclosed to affiliates of the insurer who require the results for medical underwriting purposes.
- In addition, if your HIV antibody test is *abnormal*, a generic code signifying a non-specific blood, oral fluid (saliva) or urine abnormality may be made known to the Medical Information Bureau, Inc. (MIB). The nature of the test will not be reported; there will be no record with the MIB that you had a positive HIV antibody test. The MIB is a nonprofit organization of life insurance companies which operates an information exchange for its members. Our decision on whether or not to issue you a policy will not be sent to the MIB. If you later apply to another MIB member company for life or health insurance, or submit a claim for life or disability benefits, the MIB will, upon request, provide that company with information in its file, including information we have furnished.

TEST RESULTS

While a positive test result does not necessarily mean that you have AIDS, it does mean that you are at serious risk of developing AIDS or AIDS-related conditions. You may be infected with the HIV virus and infectious to others. You should seek medical follow-up care with your personal health care provider.

HIV test results are highly reliable but not 100% accurate. If the test gives a positive result you should consider retesting in order to confirm the result. If the test gives a negative result, there is still a small possibility you may be infected with HIV. This is most likely to happen in recently infected persons. It takes at least 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

NOTIFICATION OF POSITIVE TEST RESULT

In the event of a positive test result I authorize Lincoln National Life Insurance Co. to send the result to my physician, and I understand that such results may become part of my physician's permanent medical records concerning me:

(Physician's Name) _____

(Physician's Address) _____

CONFIDENTIALITY

We have established safeguards within our company that will protect the privacy of any AIDS-related information that is in your files. We have designated individuals who are responsible for keeping this information confidential. We have designated certain personnel who will have access to AIDS-related information if they need the information in connection with an insurance transaction. Other personnel are aware that they are not permitted access to such information. We will make sure that AIDS-related information that is stored in a computer data bank or other files are protected by reasonable security safeguards.

To handle your insurance business, we may need to disclose your test results or other AIDS-related information to employees, reinsurers, contractors or attorneys who need AIDS-related information for underwriting, claims or another necessary business purpose in connection with your insurance transaction. These persons and entities have been informed of their clear legal obligation to maintain the confidentiality of all AIDS-related information, including test results. Similar privacy safeguards have also been adopted by the laboratory that will perform tests on your blood sample, and by any contractor, reinsurer or attorney to whom we might grant access to AIDS-related information. If we need to disclose to anyone else information about you and AIDS, we must again ask you to provide prior written consent to such disclosure. However, AIDS-related information could be disclosed without your consent in response to a subpoena.

CONSENT

I have read and I understand this Model Notice of AIDS Virus Antibody Testing and Authorization for Testing and Disclosure. I voluntarily consent to the testing for HIV antibodies and 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.

Printed Name of Applicant

Signature of Applicant

Date

Signature of Legal Guardian, if any

Date

**COMPLETE TWO FORMS
ONE TO THE APPLICANT
ONE TO THE ADMINISTRATIVE OFFICE WITH THE APPLICATION**



The Lincoln National Life Insurance Company
Executive Office: 1300 South Clinton Street • Fort Wayne, Indiana 46801
Administrative Office: 10 North Martingale Road • Schaumburg, Illinois 60173-2268 • (847) 466-8100

NOTICE OF AIDS VIRUS ANTIBODY TESTING AND AUTHORIZATION FOR TESTING AND DISCLOSURE

This document contains important information concerning the AIDS virus antibody test that we require you undergo to apply for insurance with us. It also contains information about who will have access to the information we obtain. Please read this notice very carefully.

In order for us to evaluate your eligibility for insurance coverage, we request that you provide a blood or other bodily fluid sample for HIV testing and analysis. The test that will be performed will determine the presence of antibodies to the HIV virus. By signing and dating this form, you agree that the HIV antibody test may be performed on your blood or other bodily fluid sample and that underwriting decisions may be based on the test results. A positive test result will adversely affect your insurance application. It also may result in uninsurability for life, health, or disability insurance for which you may apply in the future. This test is not a test for AIDS: AIDS can only be diagnosed by medical evaluation.

INFORMATION ABOUT AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system caused by the human immunodeficiency virus (HIV). The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts with any of those persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected.

In some individuals the virus reduces the body's normal defense mechanisms against certain diseases or infections. As a result, such people often develop such unusual conditions as severe pneumonia or a rare skin cancer. The symptoms of AIDS may include the following:

- unexplained weight loss;
- persistent "night sweats";
- cough or shortness of breath;
- fever and swollen lymph nodes lasting more than one month;
- white spots evidencing fungal infection;
- diarrhea;
- raised purple spots on or under the skin or on mucous membranes.

Any of these symptoms may be related to AIDS, but other causes of these symptoms are more likely. Anyone with these symptoms for more than two weeks should see a doctor.

HIV ANTIBODY TEST

The HIV antibody test is actually a series of tests designed to detect the presence of antibodies to the AIDS virus rather than detect the virus itself. Antibodies to the AIDS virus are found in the blood of most patients with

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