



**MEDICAL EXAMINATION  
PART 2 — LIFE  
INSURANCE APPLICATION**



**Sentry Life  
Insurance Company**

4i.> Gout

Diagnosed with gout 1 year ago. Sees Dr Anne Chang at University of California in San Francisco, CA. Last symptoms were a year ago. Right toe was swollen. Given medication and swelling went down. No other symptoms.

7a.> Yes

Uses eye drop for left eye for glaucoma for 5 years. Sees Dr Steven Mc Cloud at University of California in San Francisco, CA.

7b.> Yes

Surgery on left eye for glaucoma by Dr Steven Mc Cloud at University of California in San Francisco, CA in 2002. Made full recovery.

**I declare that all statements and answers given above and in Part 1 of the Life Insurance Application are true, complete, and have been correctly recorded, to the best of my knowledge and belief, and will form the basis of any insurance contract that may be issued.**

DATED	SIGNATURE OF PERSON EXAMINED*
WITNESSED BY EXAMINER	

\*Or of Parent/Guardian if person is less than age 15.



**PRESS HARD WITH BALL POINT PEN**

**NOTICE OF AIDS VIRUS (HIV) ANTIBODY TESTING AND CONSENT FOR TESTING**

Insurer: Sentry Life Insurance Company  
1800 North Point Drive, Stevens Point, Wisconsin 54481

Examiner: Name \_\_\_\_\_ (Please Print)  
Address \_\_\_\_\_ (Please Print)

**The Tests**

To evaluate your eligibility for insurance or insurance benefits, it is requested that you provide a sample of your blood for testing and analysis. One of the tests is 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 which is extremely reliable. The testing will be performed by a licensed laboratory.

**Disclosure of Test Results**

All test results will be treated confidentially. The results of the test will be reported to the insurer named above (the Insurer). The results also may be reported to its affiliates, reinsurers, or contractors in connection with insurance you have or have applied for. In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a non-specific blood abnormality may be made known 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.

**Meaning of Test Results**

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you have a 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. Inaccurate, positive and negative, test results occur occasionally. For this reason, a negative test result does not guarantee that you are not infected with the AIDS Virus. In very rare instances, the test gives a positive result, even though you are not infected with the AIDS Virus. For these reasons, you may want to consider further independent testing.

Positive HIV antibody test results will adversely affect your insurance application. If your blood is tested for HIV antibodies and if your test results are positive, the Insurer will contact you for the name of a physician to whom you may authorize disclosure of the HIV antibody test results, unless you have designated a physician below.

I authorize the disclosure of positive HIV antibody test results to the following physician:

Name \_\_\_\_\_ (Please Print)  
Address \_\_\_\_\_ (Please Print)

**Informed Consent for HIV Antibody Testing**

I have read and I understand this Notice of AIDS Virus (HIV) Antibody Testing and Consent For Testing. For my information, I have been given written material about AIDS. I voluntarily consent to the withdrawal of blood from me by needle, the testing of my blood for HIV antibodies and the disclosure of the test results as described above.

\_\_\_\_\_  
Name of Proposed Insured (Please Print) Birth Date \_\_\_\_\_  
\_\_\_\_\_  
Signature of Proposed Insured or Parent/Guardian Date \_\_\_\_\_  
\_\_\_\_\_  
State of Residence