

Sun Life Assurance Company of Canada Sun Life Assurance Company of Canada (U.S.)

One Sun Life Executive Park, Wellesley Hills, MA 02481

Instructions for use of Part II of Application for Life Insurance



A. Instructions for examiner when completing Medical or Paramedical exam

- Completely ask and record all answers as given including full details, to the proposed insured's medical history on pages 1 and 2 of the Part II form. Be sure that the form is properly witnessed, signed and dated.
- Record the findings of your examination, on the "Medical Report on Proposed Insured" found on pages 3 and 4 of this form.
- On page 3, the Supplemental questions, to be answered by examiner on all applicants age 70 and over, numbers 16 – 19, have been grayed out. You should ***not*** complete these questions on our exam form. For ***all*** applicants age 70 and over you should complete the additional form containing the supplemental questions for applicants age 70 and over, which will be supplied by your company.
- Be sure that your proper identification information is completed on Page 4.
- Any observations you note while conducting the exam should be recorded in the "Details" section found on page 4.

B. Instructions for producer when completing a Non Medical Part II

- Completely ask and record all answers as given including full details, to the proposed insured's medical history on pages 1 and 2 of the Part II form. Be sure that the form is properly witnessed, signed and dated.

Please note that a separate exam form is to be used for each insured.

Sun Life Assurance Company of Canada
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(Hereinafter referred to as "the Company")
 One Sun Life Executive Park, Wellesley Hills, MA 02481



Part II of Application for Life Insurance

1. Name of Proposed Insured	Application Number
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Please provide full details for all "Yes" answers on Page 2.

2. Are you being treated by diet, drugs or other means? Yes No
3. Have you ever had, been told you have or been treated by a physician for:
- a. High blood pressure, chest discomfort, stroke, circulatory or heart disorder? Yes No
 - b. Diabetes, sugar in the urine, thyroid, or other glandular (endocrine) disorder? Yes No
 - c. Kidney, bladder, urinary, reproductive organ or prostate disorder? Yes No
 - d. Protein (albumin), blood or pus in the urine, sexually transmitted disease or venereal disease? Yes No
 - e. Cancer, tumor, polyp, or disorder of the skin or breast? Yes No
 - f. Asthma, pneumonia, emphysema, or any other respiratory or lung disorder? Yes No
 - g. Seizure, convulsion, fainting, loss of consciousness, tremor, paralysis, or other disorder of the nervous system? Yes No
 - h. Anxiety, depression, stress or any psychological or emotional condition or disorder? Yes No
 - i. Colitis, hepatitis, ulcers, or other disorders of the stomach, liver or digestive system? Yes No
 - j. Arthritis, gout, back or joint pain, bone fracture, or muscle disorder? Yes No
 - k. Anemia, bleeding, or blood disorder? Yes No
 - l. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? Yes No
 - m. A positive blood test for antibodies to the AIDS (HIV) virus? Yes No
4. Have you:
- a. Regularly used amphetamines, marijuana, cocaine, hallucinogens, heroin or other drugs except as prescribed by a physician? Yes No
 - b. Been treated or counseled for alcoholism or drug abuse? Yes No
 - c. Been advised to reduce your consumption of alcohol? Yes No
5. Do you have any health symptoms for which a physician has not been consulted or treatment received? For example, persistent fever, unexplained weight loss, loss of appetite, pain or swelling? Yes No
6. Other than previously stated, have you within the past five years:
- a. Consulted a physician or any other practitioner, had a checkup, illness, surgery or been hospitalized? ... Yes No
 - b. Had an electrocardiogram, stress or exercise test, x-ray, blood test or other diagnostic test? Yes No
 - c. Been advised to have, or scheduled, any diagnostic test, hospitalization or surgery which was not completed? Yes No
7. Have any of your parents, brothers or sisters had diabetes, heart disease or high blood pressure? Yes No
8. Family History

	Age(s) if Living	Age(s) at Death	State of Health or Cause of Death
Father			
Mother			
Brother(s)			
Sister(s)			

Medical Report on Proposed Insured

Name		Birth Date (m/d/y)	Age
Name of Agent		Sales Office	

Place of examination: My office Applicant's place of business Time _____ A.M. P.M.
 Applicant's residence Elsewhere

Please answer all questions as fully and carefully as possible and mail or deliver the report as indicated on Page 4.

9. Have you attended the applicant professionally? If so, for what and when? (Details on Page 4) Yes No

10. Height: (In shoes) _____ ft. _____ ins. Weight: (In clothing) _____ lbs.

Have you measured him/her? Yes No

Have you weighed him/her? Yes No

Change in weight: No change Gain Loss _____ lbs. Reason for change: _____

Circumference of chest. In full inspiration: _____ In forced expiration: _____ Measure around abdomen: _____

11. Blood pressures. If the initial reading exceeds 140/90, read it again later and record all the readings in the order they were taken.

Systolic	(1)	(2)	(3)	Any history of hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diastolic				Pulse Rate

12. a. Has the applicant used tobacco, (cigarettes, cigars, chewing tobacco, etc.) or products containing nicotine (nicorette gum, nicotine patch, etc.) within the past 12 months? Yes No

b. Has the applicant used tobacco or nicotine products in the past and stopped? Yes No
 If yes, date stopped: _____

Questions 13-15 to be filled out only if exam is performed by a medical examiner.

Please give details of questions answered "Yes" on Page 4.

13. Is there any abnormality:

- a. Of the oral cavity, eyes, ears, skin (including xanthelasma, xanthomata, arcus senilis)? Yes No
- b. Of the lymph nodes or the thyroid gland? Yes No
- c. Of chest, spine or extremities? Yes No
- d. Of lungs on percussion and auscultation? Yes No
- e. Of the heart with respect to size and sounds? Yes No

14. Is there:

- a. Edema of the ankles? Yes No
- b. Intra-abdominal abnormality (enlarged liver, palpable spleen, palpable mass)? Yes No
- c. Any surgical scar? Yes No
- d. A hernia? If so, describe. Yes No
- e. Abnormality of the nervous system (muscular power, reflexes, etc.)? Yes No
- f. Inequality or inadequacy of the pulsations of the femoral, dorsalis pedis and posterior tibial arteries? ... Yes No

15. a. Describe general appearance, e.g. vigorous and healthy, pale, sickly, etc.

b. Reviewing all the features, please give your medical diagnosis: Healthy and unimpaired Other (clarify)

Supplemental questions to be answered by examiner on applicants age 70 and over.

16. Did the Proposed Insured require any assistance, either by device (cane, walker, wheel chair, etc.) or third party, to arrive at and participate in this examination? Yes No

17. Did the Proposed Insured require any assistance from a third party to understand and answer the questions from this exam? Yes No

18. Does the Proposed Insured display any signs or symptoms of confusion, dementia or memory loss? Yes No

19. Does the Proposed Insured understand that this exam is related to the purchase of a life insurance policy on his or her life? Yes No

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HIV ANTIBODY TESTING CONSENT FORM

The insurance company to which you have applied may request a blood, urine, or oral fluid sample from you for testing. One test will be to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV). HIV is the virus which causes AIDS. The New Hampshire Unfair Insurance Trade Practices Act (RSA 417) provides for an insurance company to test for the presence of an antibody or antigen to HIV only upon your written consent. The results of this test may determine your eligibility to acquire insurance. By signing this form, you have consented to the HIV test and the reporting of the test results to the insurance company taking your application. Positive test results will not be disclosed except as authorized by you in writing. Negative and indeterminate (inconclusive) test results may be disclosed to reinsures, contractually retained medical personnel and insurance affiliates or subsidiaries that are involved in necessary underwriting decisions regarding your application. The insurance company and any other party receiving the negative or indeterminate test results will maintain the results of your HIV antibody test as confidential.

If your test results indicate the presence of antibodies to HIV, or if your test results cannot be accurately determined, the insurance company will report a nonspecific abnormality 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 a abnormal HIV antibody test because many abnormalities are reported to the Bureau under the same classification.

The HIV antibody test is extremely accurate. However, in rare instances the test may be positive in persons who are not infected with the virus. Additionally, the test may occasionally be negative in persons who are infected with HIV (a false negative) especially when the infection occurred within the previous 3 - 6 months.

If your HIV antibody test is positive, it does not mean that you have AIDS. A positive test indicates that you have been infected with HIV. It also means that HIV is present in your body fluids (such as blood, semen, vaginal secretions) and that you could infect other people through sexual contact, by sharing intravenous needles, by having a baby, or by donating blood, semen, or body organs. Persons who have a positive HIV antibody test should see a physician as soon as possible.

A negative test result means no antibodies to the HIV virus were found. Because of varying incubation periods, absence of HIV antibodies does not mean that you have not been infected with the virus. Nor does absence of HIV antibodies mean that you are immune to the virus.

Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have questions, you should consult your physician or call the New Hampshire AIDS Hotline at 1-800-752-AIDS.

The insurance company will notify you if your test results are positive or if your results cannot be accurately determined. If you request, the company will also send your results to a physician or other person. You should request that your results be sent to your private physician so that he/she can interpret them for you.

In the event of a positive or indeterminate test result, I authorize disclosure to the following physician or other person or entity:

Name of Physician or other person/entity _____

Street Address _____

City _____ State _____ Zip _____

Informed Consent

I have read and understand this information. I voluntarily consent to provide a sample of my blood, urine, or oral fluid, the testing of that blood, urine, or oral fluid and the disclosure of the test results as described above.

Proposed Insured _____ Date of Birth _____

Signature of Proposed Insured _____ Date Signed by Proposed _____ State of Residence _____

Signature of Witness _____