

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

(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 (except HIV) 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 (except HIV)? Yes No
 - l. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? (Answer this question 'no' if you have tested positive for HIV but have not developed symptoms of the disease AIDS.) 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? (Do not consider an HIV test to be "treatment".) 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 (except for HIV), 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 (except for HIV)? Yes No
 - c. Been advised to have, or scheduled, any diagnostic test (except for HIV), 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

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

One Sun Life Executive Park, Wellesley Hills MA 02481 (800) SUN-LIFE

HIV Informed Consent Form



Maine law requires that the agent read this entire statement to you aloud.

Background

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system. It is caused by a virus called HIV. The virus is spread by sexual contact with an infected person, by exposure to infected blood (as in needle sharing during intravenous drug use, or rarely, as a result of a blood transfusion), or from an infected mother to her newborn infant.

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 HIV virus. This test is actually a series of tests performed upon your blood sample 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 results also may be reported to its affiliates, reinsurer, or contractors in connection with insurance you have or for which you have applied.

In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a nonspecific blood abnormality may be made known to the Medical Information Bureau (MIB) described in the notice given you at the time of application. The MIB is a membership organization of life and health insurance companies which operates as an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or make a claim for benefits to such a company, the MIB, upon request, will supply the information in its file to that member. 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.

Test Results

Positive Test Results. While positive test results do not necessarily mean that you have AIDS, they do mean that you are at serious risk of developing AIDS or AIDS-related conditions. You may be infected with HIV and infectious to others. You should seek medical follow-up with your personal health care provider. The insurer will contact you for the name of the health care provider to whom you may want your test results disclosed.

Test Accuracy. HIV test results are 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 to persons who have not engaged in high risk behaviors. Retesting should be done to help confirm the validity of a positive result.
- (b) **False negatives:** The test gives a negative result, even though you are 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 results to develop after a person is infected, and may, take as long as 6 to 12 months.

Risks from Having the Tests

A positive test result may cause you significant anxiety. It also will adversely affect your insurance application and may result in uninsurability for life, health, or disability insurance for which you may apply in the future.

You Have the Right to Ask Questions (EITHER ORALLY OR IN WRITING) and Obtain Further Information

If you have any questions relating to AIDS, the HIV test and the consequences of being tested or not being tested, you are entitled to answers to those questions by the person offering the test or other knowledgeable person before you agree to testing.

Other Sources of Information

For more information about AIDS and the HIV test, you may call the Maine Bureau of Health at (207) 287-3747. You may also call the Maine AIDS Hotline at 1-800-851-AIDS.

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.

Please PRINT.

Name of Proposed Insured	Birth Date (m/d/y)	State of Residence
Signature of Proposed Insured X		
Signature of Person Obtaining Consent X		Date (m/d/y)

Post-Test Counseling Rights

Sun Life Assurance Company of Canada (Sun Life) pursuant to Maine law is required to inform the proposed life insured of certain POST-TEST COUNSELING RIGHTS.

1. Professional Post-Test Counseling shall be available to all proposed life insureds. Professional Counselors refers to individuals who are a licensed physician, licensed psychologist, licensed clinical social worker, licensed nurse, or qualified and registered physician's assistant.
2. Voluntary Post-Test Counseling shall also be available to all proposed life insureds. Counseling is provided by a person who has completed the prescribed course in AIDS, under the direction of the Maine Department of Human Services.
3. The proposed life insured may elect the type of counseling where both voluntary and professional Post-Test Counseling are available.
4. Sun Life will pay the usual and customary charge for one session of Professional or Voluntary Post-Test Counseling received by the proposed life insured.

Waiver of Post-Test Counseling Rights

Sun Life pursuant to Maine law, is required to inform you, the proposed life insured, that you have the right to waive POST-TEST COUNSELING.

1. The proposed life insured has been advised of the availability of the Post-Test, Professional or Voluntary Counseling.
2. Sun Life will pay for one session of Professional Counseling or Voluntary Post-Test Counseling.
3. Neither Sun Life nor it's agent(s) requires or encourages the proposed life insured to waive his/her rights.
4. If the HIV test is negative, the proposed life insured may at his/her election waive Post-Test Counseling.

Waiver of Post-Test Counseling

I have read and understand my POST-TEST COUNSELING RIGHTS and hereby voluntarily WAIVE these rights.

Please PRINT.

Name of Proposed Insured	Date (m/d/y)
Signature of Proposed Insured X	Witness

I have read and understand my POST-TEST COUNSELING RIGHTS and wish to EXERCISE these rights.

Please PRINT.

Name of Proposed Insured	Date (m/d/y)
Signature of Proposed Insured X	Witness

Notification of Test Results

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to Sun Life as being positive or indeterminate, 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 result means, you are asked to list your private physician so that Sun Life can have him or her tell you the test results and explain its meaning.

Please PRINT.

Name of Physician for Reporting a Positive or Indeterminate Test Results
Address

Please PRINT.

Name of Proposed Insured	Birth Date (m/d/y)	State of Residence
Signature of Proposed Insured X	Date (m/d/y)	

Instructions

Upon completion of your counseling session; complete, sign and date this form.

Mail completed form to:

Sun Life of Canada
One Sun Life Executive Park
Attn: Life Underwriting Department
Wellesley Hills, MA 02481