

Unum Life Insurance Company of America

Administrative Office: 2211 Congress Street, Portland, Maine 04122

APPLICATION FOR LIFE INSURANCE (PART II) - Paramedical

Please print or type all information

1. Proposed Insured

Name _____ Birthdate _____
First Middle Last (MM/DD/YYYY)

2. Personal Physician (If none, so state)

Name _____

Address _____
Street City State Zip

Date and reason last consulted: _____

What treatment was given or medicine prescribed? _____

3. Within the past 10 years have you consulted a physician or practitioner for, or been treated for or had (underline all that apply):
- | | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| a) elevated blood pressure, rheumatic fever, heart murmur, chest pain, angina, heart trouble, stroke, or irregular pulse? | ___ | ___ | j) epilepsy, convulsions, dizziness, loss of consciousness, frequent headaches, or other nervous system disorders? | ___ | ___ |
| b) diabetes, anemia, thyroid, or other gland or blood disorder? | ___ | ___ | k) cancer, tumor, cyst, allergy, eye, ear, or skin disorder? | ___ | ___ |
| c) asthma, bronchitis, emphysema, tuberculosis, coughing of blood; or nose, throat, lung, or other respiratory disorder? | ___ | ___ | l) hemorrhoids, varicose veins, phlebitis, or circulatory disorder? | ___ | ___ |
| d) ulcer, gall bladder disease, colitis, pancreatitis, internal bleeding, hernia or other digestive or internal trouble? | ___ | ___ | m) arthritis, rheumatism, sciatica, gout, or other disorder of the muscles, bones, joints, back, or spine? | ___ | ___ |
| e) hepatitis, cirrhosis, or other liver trouble? | ___ | ___ | n) any disorder of the prostate, reproductive organs, breast, menses, or pregnancy, or are you now pregnant? | ___ | ___ |
| f) kidney or urinary tract stone, or other disorder; sugar, albumin, blood, or pus in urine? | ___ | ___ | 4. During the past 10 years have you been counseled, treated, or hospitalized for the use of alcohol or drugs? | ___ | ___ |
| g) fever, chills, sweats, fatigue, weightloss, shortness of breath, diarrhea, skin eruptions, lymphadenopathy, or recurrent infection for which no cause was diagnosed? | ___ | ___ | 5. Has there been any history of hypertension, or heart trouble before age 60 among your natural parents, brothers, or sisters? | ___ | ___ |
| h) acquired immunodeficiency syndrome (AIDS), AIDS - Related Complex (ARC) or other immunological disorder? | ___ | ___ | If yes, give relationship, age at onset and history in item 7. | | |
| i) psychiatric, emotional, or mental health condition requiring medication or hospitalization? | ___ | ___ | 6. In the past 5 years, other than the above, have you (underline all that apply)? | | |
| | | | a) been treated or had surgery in a hospital or other facility? | ___ | ___ |
| | | | b) had an EKG, x-ray, or other diagnostic test? | ___ | ___ |
| | | | c) been advised to have any treatment, surgery, or diagnostic test which has not been completed? | ___ | ___ |
7. Give details of any "Yes" answers to items 3-6 above. Identify question number. Include diagnosis, dates, durations, name and addresses of all doctors and medical facilities.

To the best of my knowledge and belief, all statements and answers to the above questions are complete and true. They shall form a part of my application for insurance to Unum Life Insurance Company of America.

I have received and read the Disclosure Notice for the Medical Information Bureau. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical facility, insurance company, the Medical Information Bureau, or other organization, institution, or person that has any record or knowledge of me or my health to give Unum Life Insurance Company of America any such information. This authorization shall be valid for 30 months from the date it is given. A photocopy of this authorization shall be as valid as the original.

Signed at _____

Date _____
(MM/DD/YYYY)

Signature of Witness — Medical Examiner

Signature of Proposed Insured

(Part III)

Report of Nurse or Paramedical Examiner

The examination is to be made in private, and this form completed in the nurse's or paramedical examiner's own handwriting.

1. a. Height (in shoes) _____ ft. _____ in. Weight (clothed) _____ lbs.
b. Did you measure? _____ Yes _____ No Did you Weigh? _____ Yes _____ No
c. Is appearance unhealthy or older than stated age? _____ Yes _____ No

2. Blood Pressure (Record all readings)

Systolic

Diastolic

5th Phase

3. Pulse _____ At Rest _____

Rate _____

Is there any irregularity? _____ Yes _____ No

4. Urinalysis
Albumin _____ Blood _____ Sugar _____

5. Details of any "Yes" answer to items 1c or 3.

I certify that I made this examination at _____ A.M. _____ P.M. on _____
Date (MM/DD/YYYY)

Examination made at: _____ my office _____ individual's office
_____ individual's home _____ other _____

Signature of Nurse or Paramedical Examiner

Address



CALIFORNIA - NOTICE AND CONSENT

- Unum Life Insurance Company of America
- Provident Life and Accident Insurance Company
- The Paul Revere Life Insurance Company

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

To evaluate your insurability, the insurer named above (the "Insurer") has requested that you provide a blood, urine or oral fluid sample for testing and analysis. The sample will be tested for HIV infection. HIV infection is caused by the Human Immunodeficiency Virus, the virus that causes AIDS.

THE HIV ANTIBODY TEST

The testing will be performed by a licensed laboratory using medically accepted procedures. The laboratory will perform an HIV antibody test on your blood, urine or oral fluid sample. The HIV antibody test detects the presence of antibodies, which are naturally-occurring proteins the body produces in response to the HIV virus.

The HIV antibody test shows whether you have been infected with the HIV virus. However, the test is not a test for AIDS. It does not tell you if you have AIDS or AIDS-Related Complex (ARC), which are determinations that can be made only by a physician after medical diagnosis.

LIMITATIONS

The HIV antibody test is actually a series of tests and is extremely accurate. However, like any medical test, it is not 100% accurate in all cases. In rare instances, the test may indicate infection in persons who are not infected with the virus (this is called a "false positive" result). Similarly, the test may occasionally indicate no infection in persons who are infected with HIV (this is called a "false negative" result). A false negative result, if one occurs, is more likely to happen where the exposure to HIV infection has occurred within the immediately previous three (3) to six (6) months.

Because the test measures HIV infection only, the test will not tell you if you have AIDS or ARC, or if you will develop AIDS or ARC, or if you are immune to AIDS or ARC, or if you are healthy.

MEANING OF TEST RESULTS

A "negative" test result indicates that HIV antibodies have not been found. If you test negative, there are three (3) possible explanations: (1) you have not been infected with the virus, or (2) you have had contact with the virus but have not become infected, or (3) you have been infected by the virus but your body has not yet produced antibodies. However, a negative result does not mean that you are immune to the virus, or that you have not been infected with the virus if you have been exposed.

A "positive" test result indicates that you have probably been infected with the HIV virus and that your body has produced antibodies. A positive test result does not mean that you have AIDS or ARC, but it does mean that you are at a significantly increased risk of developing AIDS or ARC. Federal authorities say that persons who are HIV antibody positive should be considered infected with the HIV virus and capable of infecting others. A positive result does not mean that you have AIDS or ARC, or that you will necessarily get AIDS or ARC, or that you are immune to AIDS.

NOTIFICATION OF TEST RESULTS

If your HIV test results are normal (negative), no routine notification will be sent to you. If the test results are other than normal, the Insurer will contact you. The Insurer may also contact you if there are results in other tests which, in its opinion, are significant results. You may designate a health care provider or health care agency to which the Insurer can provide positive or indeterminate HIV test results.

I designate the following health care provider or health care agency to receive positive or indeterminate HIV test results:

Name: _____

Address: _____

COUNSELING

Many public health organizations have recommended that, before taking an AIDS-related blood test, a person seek counseling to become informed about the implications of such a test. You may wish to consider such counseling, at your expense, prior to being tested.

Public health authorities also urge that everyone become educated about how to protect themselves from HIV infection. If you have questions or concerns about HIV infection or its prevention, you may wish to consult your own physician or own health care provider.

A list of counseling resources has been provided for your information.

CONFIDENTIALITY OF TEST RESULTS

California law requires that all test results must be treated confidentially. Your test results will be confidentially reported by the laboratory to the Insurer. The test results may also be disclosed to employees of the Insurer who have the responsibility to make underwriting decisions, or to outside legal counsel who needs such information to effectively represent the Insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test results may be released to an insurance medical information exchange organization, but only under procedures that are designed to assure confidentiality. (Such safeguards include the use of general, nonspecific codes which indicate only that an abnormal result has been obtained on a nonspecified test.)

INSURER USE OF RESULTS

The Insurer will use the test results to underwrite your application for insurance. A positive test result will adversely affect your application for insurance. This means that your application probably will be declined. Other insurers to whom you may apply in the future, if they are members of an insurance medical information exchange, may learn that you have received a test result termed "abnormal." If so, other insurers will probably require you to undergo additional tests as part of their underwriting process, including another HIV test.

CONSENT

I have read and I understand this Notice of AIDS Virus (HIV) Antibody Testing and Consent for Testing. I voluntarily consent to provide a sample of my blood, urine, or oral fluid, the testing of that blood, urine or oral fluid for HIV antibodies, and the use 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.

Name of Applicant

Date

Applicant's Signature

Date of Birth

G-71724-CA

White – Insurer's Copy

Canary – Proposed Insured

Pink – Examiner's

Gold – Agent/Broker's

(3/03)