



INSTRUCTIONS FOR COMPLETING THE MEDICAL HISTORY STATEMENT

By completing this form you begin the process that will allow Standard Insurance Company to assess your insurability. It is important that you provide us with all the information requested on this form. A complete and accurate statement will help us to make a rapid decision on your application.

You can help us by making sure you follow these instructions:

- 1) Please make sure you've answered all the questions completely and accurately. If there are unanswered questions, the underwriting process will be delayed.
- 2) Provide full details to any (Yes) answer in the space provided. Use a separate sheet of paper if necessary. Be sure to include dates, treatment and final results.
- 3) Include the complete name and mailing address of the doctor or facility that has your medical records. If you have consulted any other physicians, please make sure we have their names and mailing addresses.
- 4) Please be sure to include the amount of coverage you're requesting, your salary and the plan option, if applicable. Check with your plan administrator if you have any questions.
- 5) Include both your WORK and HOME phone numbers. If we need to have additional information, this will make it easier for us to get in touch with you.
- 6) Be sure to sign and date the authorization. Send the original to Standard Insurance Company **(excluding this instruction page)** to the address below and keep a copy for your records.

Standard Insurance Company
Medical Underwriting
900 SW Fifth Avenue
Portland Oregon 97204-1282
1-800-843-7979

In order to evaluate your application, we are relying on the information you have provided to us on this form. In addition, we may need to request additional information from you, copies of medical records from your physician or a brief medical examination which may include a blood test and urinalysis. We will notify you if any additional information is needed.

If you have any questions, please feel free to contact us.

Acknowledgment and Authorization for Release of Information. (Please read carefully.)

I represent that the statements contained herein, including those made on page 1 and any attachments, are true and complete, to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement. I agree that if my application is declined, Standard's liability is limited to the return of any premium which may have been paid.

I acknowledge that I have read and received the Information Practices Notice (on page 2) and I have kept a copy of this Medical History Statement.

To any physician, health care provider, hospital, insurance or reinsurance company, the Medical Information Bureau, Inc. (MIB), or any employer: I authorize you to release to Standard or its reinsurers all medical information you have about me including medical history, diagnosis, prognosis and treatment of any physical, mental or emotional condition. I understand that Standard will use the information obtained by this authorization to determine my eligibility for group insurance coverage. I further authorize Standard to release this information to its reinsurers, MIB, and to other insurance companies to which I have applied for insurance coverage or benefits.

I understand a copy of this authorization will be provided upon request. This authorization will remain valid one year from the date below. A photocopy of this authorization shall be as valid as the original. I understand that I have the right to revoke this authorization at any time by sending a written statement to Standard. I understand that the revocation of the authorization, or the failure to sign the authorization, may impair Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage.

SIGNATURE OF APPLICANT (OR MEMBER FOR DEPENDENT CHILD)

DATED

INFORMATION PRACTICES NOTICE

- To help us determine your eligibility for group insurance we may request information about you from other persons and organizations. For example, we may request information from your doctor or hospital, other insurance companies, or MIB, Inc. (Medical Information Bureau). We will use the authorization you signed on this form when we seek this information.
- MIB (MEDICAL INFORMATION BUREAU) – Information regarding your insurability will be treated as confidential. Standard Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Standard Insurance Company may release information in its file to its reinsurers, and Standard Insurance Company, or its reinsurers, may release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

- DISCLOSURE TO OTHERS – The information collected about you is confidential. We will not release any information about you without your authorization, except to the extent necessary to conduct our business or as required or permitted by law.
- YOUR RIGHTS – You have a right to know what information we have about you in our underwriting file. You also have a right to ask us to correct any information you think is incorrect. We will carefully review your request and make changes when justified. If you would like more information about this right or our information practices please write to us, at Medical Underwriting, Standard Insurance Company, 900 SW Fifth Avenue, Portland, Oregon 97204-1282 or call 1-800-843-7979.

PLEASE RETAIN A COPY FOR YOUR RECORDS.