

**Note: Any policy and riders issued will be those most comparable to the base policy and riders available at the time of the increase and will be subject to underwriting rules and income limits in effect as of the applicable option date.**

1. Prior to completing this application, give the Disclosure Notice - Information Practices (Nonmedical) to the policyowner.
2. Complete all questions and obtain required income documentation. See **Understanding Income Documentation** for documentation requirements. If applying for an increase option on a Business Overhead Protector or Business Equity Protector policy, include the appropriate Application Supplement.
3. Complete the Producer Information Report below. Use Remarks to note special instructions or requests.
4. Submit to your master general agent (MGA) or Securian managing partner (SMP). Include a copy of the sales illustration used as the basis for the sale.

**Producer Information Report**

Producer Name (Please Print)	Producer No.	Agency
Telephone Nos. Primary (     )                      Secondary (     )	Email Address	

1. Other producer(s) to receive credit for this application:
 

Name (Print) _____	Producer No. _____	Percent _____
Name (Print) _____	Producer No. _____	Percent _____
Name (Print) _____	Producer No. _____	Percent _____
2. To the best of your knowledge, is replacement involved or intended to be involved with this application?.....  Yes  No
3. Give billing instructions (if other than bill to policyowner): \_\_\_\_\_  
 \_\_\_\_\_
4. **Remarks.** Note anything not disclosed on the application that might affect the insured's eligibility for an increase.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Standard Insurance Company

Individual Disability Insurance  
 1100 SW Sixth Avenue Portland OR 97204-1093

Application for Policy Increase

**Proposed Insured**

Full Name (First, Middle, Last)			Gender	Social Security No.	
Home Address		City		State	ZIP
Birth Date	State of Birth	Primary Phone No.	Email Address		
Policy No.	Current Primary Occupation (include professional designation, specialty or degree)				
Current Employer					
Employer Address			City		State ZIP

**Insurance Applied For**

<p><b>Disability Income</b></p> <p><input type="checkbox"/> Purchase/Renew Increase Option:                  Increase in Basic Monthly Benefit: \$ _____</p> <p><input type="checkbox"/> Accelerated Option - Check reason(s) and provide date(s):</p> <p style="margin-left: 20px;"><input type="checkbox"/> Loss of LTD coverage: Date of loss _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Increase in income: Date of increase _____</p> <p><input type="checkbox"/> Renew Automatic Increase Benefit</p>	<p><b>Business Buy-Out Expense*</b></p> <p>Increase in Aggregate Benefit Limit: \$ _____</p> <p><b>Other (specify)</b> _____</p> <p><i>*Include the appropriate Application Supplement.</i></p>
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**General Information**

1. Other than the policy shown above: Is there any individual or group disability insurance currently in force, applied for and pending on you; or for which you are or will become eligible?.....  Yes  No  
 If yes, please explain in the table below. Use status and type codes. List all individual and group disability policies with any company, including Standard Insurance Company; but do not list the policy number referenced above.

<p><b>Status Codes:</b> N - now in force with any company; P - applied for and pending;                  F - will become eligible in the next 24 months</p> <p><b>Type Codes:</b> I - individual; G - group; X - association; OE - overhead expense; L - loan repayment; O - other</p>									
Company	Status	Type	Who pays premium?	Benefit amount or % of income	If group:		Benefit period	Waiting period	Will coverage be replaced or reduced?
					Benefit maximum	Bonus covered?			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are you currently receiving or entitled to receive disability benefits from Workers' Compensation, Social Security, or any other source? .....  Yes  No  
 If Yes, please explain: \_\_\_\_\_

3. How many hours a week do you work in your primary occupation? \_\_\_\_\_

4. How much of the premium for this increase will be paid by your employer?  None  100%  Other \_\_\_\_\_%  
 If premium paid by employer, will the employer's contribution be added to your taxable income? .....  Yes  No

5. Do you own any part of or are you an independent contractor for the business where you work? .....  Yes  No  
 If Yes, please answer a, b and c.

a. Business entity:  C Corp  S Corp  LLC  LLP  Sole Proprietor  Partnership  
 Other \_\_\_\_\_

b. Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

c. Percent of business entity owned \_\_\_\_\_ % Years owned \_\_\_\_\_



Standard Insurance Company

Individual Disability Insurance Underwriting  
1100 SW Sixth Avenue Portland OR 97204-1093

**Authorization to Obtain and Disclose  
Personal (Nonmedical) Information**

**Types of Personal Information Collected**

I understand that: Standard Insurance Company (Standard) must collect and review personal information about me. I realize this is needed to offer and service insurance products. I understand that this may include information about: my age and occupation; my date of birth; my social security number; my other insurance; and my income and finances. I also understand that this will not include information related to my health.

**Authorization to Obtain Personal Information**

I authorize Standard or its reinsurers to obtain personal information about me from: any employer; any insurance company; any sales agent; MIB, LLC.; and anyone else having information about me. All of these sources, except MIB, are authorized to give information to an entity acting on behalf of Standard.

**Authorization to Use Personal Information**

I authorize Standard to use personal information to: evaluate my eligibility for insurance and reinsurance; determine appropriate premium rates; evaluate claim for benefits; and to carry out other activities allowed by law that relate to my application and my coverage. Standard may also use the information as further authorized by me.

**Authorization to Disclose Personal Information**

I authorize Standard to disclose any personal information about me: to its reinsurers and MIB, LLC.; and to any other companies to whom I have applied or may apply for insurance; and to those performing insurance services. Standard may also make other disclosures as allowed or required by law.

**Expiration and Revocation**

This Authorization will expire twenty-four (24) months from the date it is signed. I understand that I have the right to revoke this Authorization at any time. I may revoke it by sending a written request to Standard. If I revoke or do not sign this Authorization, I understand this may be a basis for Standard to deny coverage. I realize: that if I do revoke this Authorization, it will not affect any prior action taken by Standard.

I have read and received a copy of the Disclosure Notice-Information Practices. A copy of this Authorization will be provided to me, or my authorized representative, upon request. A copy is as valid as the original. Any alteration made to this Authorization will render it invalid.

\_\_\_\_\_  
Signature of (Proposed) Insured

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Name (please print)

Standard Insurance Company (Standard) is committed to keeping your personal information confidential. In order to offer and service our insurance products, Standard must obtain and review a certain amount and type of personal information about you. In general, we may seek information about:

- Your Age
- Your Occupation
- Your Income
- Your Finances

This personal information is obtained and disclosed by us in order for us to: evaluate your insurability; determine appropriate premium rates; support our normal business practices; and provide quality policy service to you.

**SOURCES OF INFORMATION:** You and your application for insurance are our primary sources of personal information. We, or our representative, may call you for a personal history interview (PHI). The purpose of the PHI is to: (a) obtain supplementary information; or (b) to confirm information you give on your application. With your written authorization, we may also collect or verify personal information by contacting:

- Insurance producers
- Insurance or reinsurance companies
- MIB, LLC. (see below)
- Employers
- Personal and business associates

**DISCLOSURE OF INFORMATION:** In the course of conducting our business, there are circumstances in which we may disclose to others the information we collect about you. These disclosures are only made with your authorization, or as permitted or required by law. Such disclosures may be:

- MIB, LLC.
- Reinsurers
- Organizations that perform services or functions on your or our behalf
- Regulatory, law enforcement and governmental authorities

We or our reinsurers may also release information to other insurance companies to whom you have applied or may apply for life or health insurance or to whom a claim for benefits may be submitted.

When information is disclosed to another party to perform services or functions on our behalf, we expect them to: (a) Adhere to procedures and practices to keep your personal information confidential; (b) Use the information only for the limited purpose for which it was shared; and to (c) Abide by all applicable federal and state privacy laws.

**REVIEW AND CORRECTION OF INFORMATION:** In general, you have a right to learn the nature and substance of any personal information about you in our files. You also have a right to obtain a copy of that information, subject to limited restrictions. To access information about you, send a signed, written request to us at the address at the top of this page. If you believe that any information about you is inaccurate, you may notify us in writing of any: correction; amendment; or deletion that you believe should be made. We will review your request and, where appropriate, make the necessary change.

**MIB, LLC.:** We, or our reinsurers, may make a brief report to the MIB, LLC. MIB, LLC. is a not-for-profit membership organization of insurance companies. MIB, LLC. operates an information exchange on behalf of its members. Upon request, MIB will supply the company with the information in its file if you: (a) apply to another MIB member company for life or health insurance coverage; or (b) if a claim for benefits is submitted to the company. At your request, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The telephone number is 866-692-6901. Information for consumers about MIB, LLC. may be obtained on its website at [www.mib.com](http://www.mib.com).

**ADDITIONAL INFORMATION:** We hope this Notice helps you understand how and why we obtain information about you. To obtain a more detailed explanation of your rights and our information practices, please contact: Standard Insurance Company, Individual Disability Insurance Underwriting, 1100 SW Sixth Ave., Portland, OR 97204-1093.