

Standard Insurance Company

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

Disclosure Notice - Information Practices

Standard Insurance Company (Standard) is committed to maintaining the confidentiality of your personal information. In order to offer and administer 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, occupation, health and medical history, personal characteristics and activities, avocations, income and finances. This personal information is obtained and disclosed by us in order to evaluate your insurability, determine appropriate premium rates, support our normal business practices and provide quality service in administering policies.

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) to obtain supplementary information or to confirm information you provide on the application. With your written authorization, we may also collect or verify personal information by contacting physicians, medical professionals, health care providers, hospitals, clinics, pharmacies and other medical or medically-related facilities; consumer reporting agencies, insurance sales representatives, insurance support organizations, insurance or reinsurance companies, and the MIB, LLC (see below); employers, and personal and business associates. We may also request that you have medical examinations and tests.

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 to the MIB, LLC, reinsurers, organizations or persons, including insurance sales representatives, that perform services or functions on your or our behalf, and to regulatory, law enforcement or 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 adhere to procedures and practices that maintain the confidentiality of your personal information, to use the information only for the limited purpose for which it was shared and to 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 bottom 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 carefully review your request and, where appropriate, make the necessary change.

INVESTIGATIVE CONSUMER REPORTS: We may ask that an investigative consumer report be prepared by an independent source called a consumer reporting agency. The report is for insurance purposes only. It may include information about your character, general reputation, personal characteristics and activities and mode of living. The consumer reporting agency may obtain information for the report through personal interviews with your family members, friends, neighbors or others with whom you are acquainted. If we request a report and you wish to be interviewed, please let us know in writing and we will notify the consumer reporting agency. On written request, we will disclose to you whether or not such a report was done and provide a more detailed description of the nature and scope of the report. You have a right to receive a copy of the investigative consumer report from the consumer reporting agency. If you would like a copy of the report, please contact us and we will give you the name and address of the consumer reporting agency.

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 that 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 the company with the information in its file. 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 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.

ADDITIONAL INFORMATION: We hope this information 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.

Standard Insurance Company

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

Authorization to Obtain and Disclose Information

Types of Personal Information Collected

I understand that it is necessary for Standard Insurance Company (Standard) to collect and review personal information about me in order to offer and administer insurance products. I understand this personal information may be in paper or electronic format and may include information about my age, occupation, avocations, driving record, travel, aviation, character, general reputation, personal characteristics and activities, mode of living, income and finances and other insurance. I also understand that personal information may include medical records, in paper or electronic format, containing health information related to medical history, examinations, diagnoses, prognoses, test results, prescriptions and treatments of any physical or mental conditions.

Authorization to Obtain Personal Information

I authorize MIB, LLC, and any licensed physician, medical professional, health care provider, hospital, medical or medically-related facility, clinic, pharmacy, alcohol or drug treatment facility, insurance or reinsurance company, insurance sales representative, consumer reporting agency, government department or agency, employer, and any other person, organization or institution having records or knowledge of me, to release personal information about me, to Standard, its reinsurers, and any insurance support organization acting on behalf of Standard. I further authorize Standard to request and obtain an investigative consumer report about me from a consumer reporting agency, as described in the Disclosure Notice-Information Practices.

Authorization to Use Personal Information

I authorize Standard to use personal information obtained about me for the purposes of evaluating eligibility for insurance and reinsurance, determining appropriate premium rates, evaluating claims for insurance benefits and conducting other legally permissible activities that relate to my application and insurance coverage.

Authorization to Disclose Personal Information

I authorize Standard to disclose personal information about me to Standard's reinsurers, MIB, LLC, other insurance companies to whom I have applied or may apply for insurance, and to organizations or persons, including insurance sales representatives, performing business services for Standard related to my application and policy administration. No other disclosure may be made without my further authorization, except to the extent necessary for the conduct of Standard's business or as permitted or required by law. I understand that any health information that is disclosed pursuant to this Authorization may be subject to redisclosure as permitted or required by law and may no longer be protected by federal laws governing privacy and confidentiality of health information.

Certain Types of Health Information

I understand that certain health information cannot be released without my specific consent, in accordance with federal and state laws. I hereby expressly consent to the release of information related to my use of alcohol, drugs and tobacco; diagnosis or treatment of Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and sexually transmitted diseases; and diagnosis and treatment of psychological or mental illness (excluding psychotherapy notes). I also understand that blood, urine, saliva or other medical tests or examinations may be required to determine my insurability.

Expiration and Revocation

This Authorization will expire automatically twenty-four (24) months following the date of my signature below. I understand that I have the right to revoke this Authorization at any time by sending a written request for revocation to Standard Insurance Company, Attention: Individual Disability Insurance Underwriting, 1100 SW Sixth Avenue, Portland, Oregon 97204-1093. Revocation of this Authorization, or failure to sign this Authorization, will impair Standard's ability to evaluate or process my application and may be a basis for denying my application for insurance coverage. I realize that if I do revoke this Authorization it will not affect any use or disclosure of information prior to the receipt of my revocation and that any action taken before Standard receives my written revocation will be valid.

I acknowledge that I have read and received a copy of the Disclosure Notice-Information Practices. A copy of this Authorization will be provided to me upon request. A photocopy or facsimile of this Authorization is as valid as the original. Any alteration made to this Authorization will render it invalid and unacceptable by Standard.

Signature of (Proposed) Insured

Date of Signature

Name (please print)

Date of Birth

Name of (Proposed) Insured/Patient (please print)

Date of Birth

I authorize any licensed physician, medical professional, health care provider, hospital, medical or medically-related facility, laboratory, clinic, pharmacy, alcohol or drug treatment facility that has provided medical treatment, care or services to me to disclose my entire medical record and any other health information **solely relating to psychotherapy notes** to Standard Insurance Company (“Standard”) or an insurance support organization acting on behalf of Standard. Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of my medical record.

By my signature below, I acknowledge that any agreements that I have made to restrict my health information do not apply to this Authorization and I instruct my health care providers to release and disclose my entire medical record relating to psychotherapy notes without restriction.

I understand that the health information to be disclosed to Standard will be used for the purposes of evaluating eligibility for insurance and reinsurance, determining appropriate premium rates, evaluating claims for insurance benefits and conducting other legally permissible activities that relate to my application and insurance coverage. I also understand that any health information that is disclosed pursuant to this Authorization may be subject to redisclosure as permitted or required by law and may no longer be protected by federal laws governing privacy and confidentiality of health information.

This Authorization will expire automatically twenty-four (24) months following the date of my signature below. I understand that I have the right to revoke this Authorization at any time by sending a written request for revocation to Standard Insurance Company, Attention: Individual Underwriting, 1100 SW Sixth Avenue, Portland, Oregon 97204-1093. Revocation of this Authorization, or failure to sign this Authorization, will impair Standard’s ability to evaluate or process my application and may be a basis for denying my application for insurance coverage. I realize that if I do revoke this Authorization it will not affect any collection, use or disclosure of information prior to Standard’s receipt of my revocation and any action taken before Standard receives my written revocation will be valid.

I acknowledge that I have read this Authorization and that I have the right to receive a copy of this Authorization upon request. A photocopy or facsimile of this Authorization is as valid as the original.

Signature of (proposed) Insured/Patient

Date

To evaluate your eligibility for insurance coverage, we request that you provide a sample of your blood, oral fluid or urine for testing and analysis to determine the presence of the human immunodeficiency virus (HIV). By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A positive test result will adversely affect your insurance application and may also result in uninsurability for life, health, or disability insurance for which you may apply in the future.

THE HIV VIRUS

The HIV virus causes a life-threatening disorder of the immune system called Acquired Immune Deficiency Syndrome (AIDS). Antibodies to the HIV virus are found in most people with AIDS and AIDS-Related Complex (ARC), and can be found in people who do not have AIDS or ARC but have been exposed to the virus. 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 new-born infant. Specific prevention measures include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.

PRE-TESTING CONSIDERATIONS

Because of the serious nature of HIV-related illnesses, many public health organizations have recommended that before taking an AIDS-related test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

THE HIV TEST AND THE MEANING OF POSITIVE TEST RESULT

The HIV test is actually a series of tests performed on a sample of your blood, oral fluid or urine by a medically accepted procedure which is extremely reliable. The test is approved by the Federal Food and Drug Administration (FDA) and will be performed by a licensed laboratory.

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV test results will adversely affect your application for insurance. This means that your application will be declined or incompleated, depending on the results of an HIV antibody test.

CONFIDENTIALITY OF TEST RESULTS

All test results are required to be treated confidentially. They will be reported by the laboratory to Standard Insurance Company (Standard). The test results may be disclosed as required by law and may be disclosed to employees of Standard who have the responsibility for making underwriting decisions on Standard's behalf, or to legal counsel who need such information to represent Standard in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. If your test result is HIV positive (unfavorable), Standard will report a generic code signifying a nonspecific abnormal blood, oral fluid (saliva) or urine test to MIB, LLC., which operates an information exchange on behalf of its member insurance companies. Any HIV positive test results will be kept strictly confidential by Standard and by MIB, LLC. and will not be disclosed except as allowed by law, as outlined above, or to the designee named by you on page 2 of this form.

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 Standard as being positive, you are required by law to designate to whom a positive test result shall be disclosed. You have the choice of designating a physician, the Pennsylvania Department of Health or one of the local Departments of Health listed on page 2 of this form. Standard will notify your designee of a positive test result, and your designee will notify you.

(THIS FORM CONTINUES ON THE NEXT PAGE.)

Standard Insurance Company

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

Notice and Consent for HIV-Related Testing

Name of physician or Department of Health for reporting a possible positive test result:

Address: _____
Street or post office box City State Zip Code

OTHER SOURCES OF INFORMATION

For more information on HIV-related testing and counseling, you may contact the Pennsylvania Health Department at 717-783-0479, or any of these local Health Departments:

PA DEPARTMENT OF HEALTH

Division of HIV/AIDS
Attn: Insurance Information Section
Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

ERIE COUNTY

Kathy Fatica
Erie County Department of Health 6060 West 2nd Street
Erie, PA 16507

ALLEGHENY COUNTY

Tim Curges
Allegheny County Health Department
Insurance Notification Information
3441 Forbes Avenue
Pittsburgh, PA 15213

MONTGOMERY COUNTY

Anita Culver
Montgomery County Health Department Human Services
Center
1430 DeKalb Street
P.O. Box 311
Norristown, PA 19404-0311

ALLENTOWN CITY

Vicky Kistler, M.Ed.
Communicable Disease Manager
Allentown Health Bureau
245 North Sixth Street
Allentown, PA 18102

PHILADELPHIA

Barbara Wills-Hooks
City of Philadelphia
Department of Public Health
Division of Disease Control
500 South Broad Street
Philadelphia, PA 19146

BETHLEHEM CITY

Jose Cruz
AIDS Prevention Coordinator
Bethlehem Bureau of Health
10 East Church Street
Bethlehem, PA 18018

WILKES BARRE CITY

Patricia McNulty
Wilkes Barre City Health Department 16 East Northampton
Street
Wilkes Barre, PA 18701

BUCKS COUNTY

Bucks County Department of Health
Counseling and Testing Section
Health Building
Neshaminy Manor Center
Doylestown, PA 18901

YORK CITY

Maria Deffley
York City Bureau of Health
One Market Way West, 3rd Floor
P.O. Box 509
York, PA 17401

CHESTER COUNTY

Elizabeth Walls or Sandra Schwartz
Chester County Health Department
Bureau of Personal Health Services
601 Westtown Road, Suite 180
P.O. Box 2747
West Chester, PA 19380-0990

CONSENT

I have read and I understand this Notice and Consent for HIV-Related Testing. I voluntarily consent to furnish urine and saliva and to the withdrawal of blood from me by needle, the testing of these samples for HIV, and the disclosure of the test results as described on this form. This consent is valid for six months from the date below. I understand that I have a right to receive a copy of this form on request. A photocopy is as valid as the original.

Signature of Proposed Insured

Date

Name of Proposed Insured (please print)

To evaluate your eligibility for insurance coverage, we request that you provide a sample of your blood, oral fluid or urine for testing and analysis to determine the presence of the human immunodeficiency virus (HIV). By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A positive test result will adversely affect your insurance application and may also result in uninsurability for life, health, or disability insurance for which you may apply in the future.

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Division of HIV/AIDS
Attn: Insurance Information Section
Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

ALLEGHENY COUNTY
Tim Curges
Allegheny County Health Department
Insurance Notification Information
3441 Forbes Avenue
Pittsburgh, PA 15213

ALLENTOWN CITY
Vicky Kistler, M.Ed.
Communicable Disease Manager
Allentown Health Bureau
245 North Sixth Street
Allentown, PA 18102

BETHLEHEM CITY
Jose Cruz
AIDS Prevention Coordinator
Bethlehem Bureau of Health
10 East Church Street
Bethlehem, PA 18018

BUCKS COUNTY
Bucks County Department of Health
Counseling and Testing Section
Health Building
Neshaminy Manor Center
Doylestown, PA 18901

CHESTER COUNTY
Elizabeth Walls or Sandra Schwartz
Chester County Health Department
Bureau of Personal Health Services
601 Westtown Road, Suite 180
P.O. Box 2747
West Chester, PA 19380-0990

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