

# 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](http://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

Standard Insurance Company

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

**Authorization for Release  
of Personal Psychotherapy Notes  
to Standard Insurance Company**

\_\_\_\_\_  
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 insurability, Standard Insurance Company (Standard) requests that you be tested to determine the presence of human immunodeficiency virus (HIV) antibody or antigens. By signing and dating this form you agree that this test may be done and that underwriting decisions may be based on the test results. A licensed laboratory will perform one or more tests approved by the Wisconsin Commissioner of Insurance.

#### **PRE-TESTING CONSIDERATIONS**

Many public health organizations recommend that, if you have reason to believe you may have been exposed to HIV, you become informed about the implications of the test before being tested. You may obtain information about HIV and counseling from a private health care provider, a public health clinic, or one of the AIDS service organizations on Standard's form, "Resources for Persons with a Positive HIV Test." You may also wish to obtain an HIV test from an anonymous counseling and testing site before signing this consent form. Standard is prohibited from asking you whether you have been tested at an anonymous counseling and testing site and from obtaining the results of such a test. **For further information on these options, contact the Wisconsin AIDSline at 1-800-334-2437.**

#### **MEANING OF POSITIVE TEST RESULTS**

This is not a test for AIDS. It is a test for HIV and shows whether you have been infected by the virus. A positive test result may have an effect on your ability to obtain insurance. A positive test result does not mean that you have AIDS, but it does mean that you are at a seriously increased risk of developing problems with your immune system. HIV tests are very sensitive and specific. Errors are rare but they can occur. If your test result is positive, you may wish to consider further independent testing from your physician, a public health clinic, or an anonymous HIV counseling and testing site. **HIV testing may be arranged by calling the Wisconsin AIDSline at 1-800-334-2437.**

#### **NOTIFICATION OF TEST RESULTS**

If your HIV test result is negative, no routine notification will be sent to you. If your HIV test result is other than normal, Standard will contact the physician or other health care provider you have named on this form, with whom you may wish to discuss the test results.

#### **DISCLOSURE OF TEST RESULTS**

All test results will be treated confidentially. The laboratory that does the testing will report the result to Standard. If necessary to process your application, Standard may disclose your test result to another entity such as a contractor, affiliate, or reinsurer. If your HIV test is positive, Standard may report it to MIB, LLC., as described in the notice given to you at the time of application. If your HIV test is negative, no report about it will be made to MIB, LLC. The organizations described in this paragraph may maintain the test results in a file or data bank. These organizations may not disclose the fact that the test has been done or the results of the test except as permitted by law or authorized in writing by you.

(THIS FORM CONTINUES ON THE NEXT PAGE.)

**CONSENT**

I have read and I understand this notice and consent for HIV testing. I voluntarily consent to this testing, and the disclosure of the test result as described above. A photocopy or facsimile of this form will be as valid as the original.

I have received a copy of this consent form and a copy of "Resources for Persons with a Positive HIV Test."

I authorize Standard to disclose positive HIV test results to the physician or other health care provider named below. If I do not name a physician or health care provider for this purpose, I ask that Standard disclose positive HIV test results directly to me.

\_\_\_\_\_  
Name of Physician or Other Health Care Provider (please print)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Signature of Proposed Insured or Parent, Guardian, or Health Care Agent Date Signed

\_\_\_\_\_  
Name of Proposed Insured (please print) Date of Birth

\_\_\_\_\_  
Street or Post Office Box City State Zip

To evaluate your insurability, Standard Insurance Company (Standard) requests that you be tested to determine the presence of human immunodeficiency virus (HIV) antibody or antigens. By signing and dating this form you agree that this test may be done and that underwriting decisions may be based on the test results. A licensed laboratory will perform one or more tests approved by the Wisconsin Commissioner of Insurance.

**PRE-TESTING CONSIDERATIONS**

Many public health organizations recommend that, if you have reason to believe you may have been exposed to HIV, you become informed about the implications of the test before being tested. You may obtain information about HIV and counseling from a private health care provider, a public health clinic, or one of the AIDS service organizations on Standard's form, "Resources for Persons with a Positive HIV Test." You may also wish to obtain an HIV test from an anonymous counseling and testing site before signing this consent form. Standard is prohibited from asking you whether you have been tested at an anonymous counseling and testing site and from obtaining the results of such a test. **For further information on these options, contact the Wisconsin AIDSline at 1-800-334-2437.**

**MEANING OF POSITIVE TEST RESULTS**

This is not a test for AIDS. It is a test for HIV and shows whether you have been infected by the virus. A positive test result may have an effect on your ability to obtain insurance. A positive test result does not mean that you have AIDS, but it does mean that you are at a seriously increased risk of developing problems with your immune system. HIV tests are very sensitive and specific. Errors are rare but they can occur. If your test result is positive, you may wish to consider further independent testing from your physician, a public health clinic, or an anonymous HIV counseling and testing site. **HIV testing may be arranged by calling the Wisconsin AIDSline at 1-800-334-2437.**

**NOTIFICATION OF TEST RESULTS**

If your HIV test result is negative, no routine notification will be sent to you. If your HIV test result is other than normal, Standard will contact the physician or other health care provider you have named on this form, with whom you may wish to discuss the test results.

**DISCLOSURE OF TEST RESULTS**

All test results will be treated confidentially. The laboratory that does the testing will report the result to Standard. If necessary to process your application, Standard may disclose your test result to another entity such as a contractor, affiliate, or reinsurer. If your HIV test is positive, Standard may report it to MIB, LLC., as described in the notice given to you at the time of application. If your HIV test is negative, no report about it will be made to MIB, LLC. The organizations described in this paragraph may maintain the test results in a file or data bank. These organizations may not disclose the fact that the test has been done or the results of the test except as permitted by law or authorized in writing by you.

(THIS FORM CONTINUES ON THE NEXT PAGE.)

**CONSENT**

I have read and I understand this notice and consent for HIV testing. I voluntarily consent to this testing, and the disclosure of the test result as described above. A photocopy or facsimile of this form will be as valid as the original.

I have received a copy of this consent form and a copy of "Resources for Persons with a Positive HIV Test."

I authorize Standard to disclose positive HIV test results to the physician or other health care provider named below. If I do not name a physician or health care provider for this purpose, I ask that Standard disclose positive HIV test results directly to me.

\_\_\_\_\_  
Name of Physician or Other Health Care Provider (please print)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Signature of Proposed Insured or Parent, Guardian, or Health Care Agent Date Signed

\_\_\_\_\_  
Name of Proposed Insured (please print) Date of Birth

\_\_\_\_\_  
Street or Post Office Box City State Zip

**The Wisconsin AIDSline** provides accurate, timely information on AIDS/HIV to people throughout Wisconsin. It offers confidential answers to your questions on the implications of a positive HIV antibody test. The Wisconsin AIDSline also provides a comprehensive listing of HIV-related medical and social services, such as dental and physician care, home care, legal aid, pastoral care, support groups, and counseling and information on Wisconsin's AIDS Resource Centers. To contact the Wisconsin AIDSline, call **1-800-334-2437** or **email [Aidsline@ARCW.org](mailto:Aidsline@ARCW.org)**. In Milwaukee, call **(414) 273-2437**.

**AIDS Resource Centers of Wisconsin** provide direct support services to people living with AIDS and HIV infection. Services include medical referral, financial assistance, legal counsel, emotional support, referral for pastoral care, assistance with daily living needs, support groups, and comprehensive care management. Call, visit, or write the AIDS Resource Center near you or visit the Web site at [www.ARCW.org](http://www.ARCW.org).

<b>Appleton</b>	AIDS Resource Center of Wisconsin 120 North Morrison Street, Suite 201, Appleton, WI 54911 <b>(920) 733-2068 or (800) 773-2068 / FAX: (920) 733-7786</b>	<i>Counties served: Calumet, Fond du Lac, Green Lake, Marquette, Outagamie, Sheboygan, Waupaca, Waushara, Winnebago</i>
<b>Eau Claire</b>	AIDS Resource Center of Wisconsin 505 Dewey Street South, Suite 107, Eau Claire, WI 54701 or PO Box 11, Eau Claire, WI 54702-0011 <b>(715) 836-7710 or (800) 750-2437 / FAX: (715) 836-9844</b>	<i>Counties served: Barron, Buffalo, Burnett, Chippewa, Clark, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St. Croix, Washburn</i>
<b>Green Bay</b>	AIDS Resource Center of Wisconsin 824 South Broadway, Green Bay, WI 54304 or PO Box 2040, Green Bay, WI 54306-2040 <b>(920) 437-7400 or (800) 675-9400 / FAX: (920) 437-1040</b>	<i>Counties served: Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano</i>
<b>Kenosha</b>	AIDS Resource Center of Wisconsin 1212 57th Street, Kenosha, WI 53140 or P.O. Box 0173, Kenosha, WI 53141-0173 <b>(262) 657-6644 or 1-800-924-6601 / FAX: (262) 657-6949</b>	<i>Counties served: Jefferson, Kenosha, Racine, Walworth</i>
<b>La Crosse</b>	AIDS Resource Center of Wisconsin Grandview Center 1707 Maine Street, Suite 420, La Crosse, WI 54601 <b>(608) 785-9866 or (800) 947-3353 / FAX: (608) 784-6661</b>	<i>Counties served: Jackson, La Crosse, Monroe, Trempealeau, Vernon</i>
<b>Madison</b>	AIDS Resource Center of Wisconsin 222 State Street, Suite 200, Madison, WI 53703 <b>(608) 258-9103 or (800) 518-9910 / FAX: (608) 258-9136</b>	<i>Counties served: Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock, Sauk</i>
<b>Milwaukee</b>	AIDS Resource Center of Wisconsin 820 North Plankinton Ave., Milwaukee, WI 53203 or PO Box 510498, Milwaukee, WI 53203-0092 <b>(414) 273-1991 or 1-800-359-9272 / FAX: (414) 273-2357</b>	<i>Counties served: Milwaukee, Ozaukee, Washington, Waukesha</i>
<b>Superior</b>	AIDS Resource Center of Wisconsin Board of Trade Building 1507 Tower Ave., Suite 230, Superior, WI 54880 <b>(715) 394-4009 or (877) 242-0282 / FAX: (715) 394-4066</b>	<i>Counties served: Ashland, Bayfield, Douglas, Iron, Sawyer</i>
<b>Wausau</b>	AIDS Resource Center of Wisconsin 1105 Grand Avenue, Suite 3, Schofield, WI 54476 <b>(715) 355-6867 or (800) 551-3311 / (715) 355-7684</b>	<i>Counties served: Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood</i>
<b>Additional Resources</b>	Dennis C. Hill Harm Reduction Center, AODA Outpatient Clinic 4311 West Vliet St., Milwaukee, WI 53208 <b>(414) 342-4333 / FAX: (414) 342-4710</b>	Wisconsin AIDS Research Consortium 820 North Plankinton Ave., Milwaukee, WI 53203 or PO Box 510498, Milwaukee, WI 53203-0092 <b>(414) 225-1600 or (800) 359-9272 FAX: (414) 225-1656</b>

(THIS FORM CONTINUES ON THE NEXT PAGE.)

**A positive test result is not a diagnosis of AIDS.** A positive test means that you have HIV infection. Like people with other chronic medical problems, people with HIV infection have a spectrum of conditions, ranging from no symptoms to very serious ones. Over time, most people with HIV infection progress along the spectrum toward more serious symptoms. **However, both improved medical management and many options for self-care now provide new hope for people with HIV infection.** Anti-viral drug therapy and preventive antibiotics can delay progression of HIV infection and postpone or modify complications.

**It is extremely important to find a knowledgeable, experienced, and supportive health care provider to work with you in evaluating and managing your HIV infection.** If you do not know whom to see, consult your local AIDS Resource Center for a recommendation or call the Wisconsin AIDSline to obtain a referral. **In Wisconsin, call 1-800-334-2437 or email [Aidsline@ARCW.org](mailto:Aidsline@ARCW.org). In Milwaukee, call (414) 273-2437.**

**Your health care provider can perform periodic examinations and arrange for appropriate tests to help you decide what treatments and interventions you may want to use.** Many people with HIV infection are being successfully treated with anti-viral drugs such as zidovudine (AZT) to slow the progress of the infection. Depending on the results of certain tests of your immune system, you may also benefit from therapies to prevent some infections. People with HIV infection also need regular tuberculosis (TB) screening and certain vaccinations. You and your health care provider can work out a schedule of follow-up visits appropriate for you.

**You may also want to utilize some self-care options and nonmedical therapies.** A nutritious diet, regular exercise, restful sleep, stress reduction, and spiritual peace (which are important for everyone) are even more helpful for many people with HIV infection. Some people with HIV infection find strength in meditation, massage, and specialized diets. If you are HIV positive, it is healthier to avoid alcohol and recreational drugs because they may damage your immune system.

**A positive test result may mean that you have to make changes in certain areas of your life.** It is much easier to make these adjustments with the help and support of others. There are support groups and counselors at most AIDS service organizations. You might seek support from your partner or trusted friends, family, clergy, or health professionals.

**Counseling can help you put things in perspective.** Some people who test positive find that counseling assists them in handling social and intimate relationships, dealing with fear, and promoting self-esteem. Professional counseling can help lessen the effects of the numerous issues that you may face.

**You have a responsibility to yourself and to others to avoid transmitting the virus.** Counselors can help you sort out your feelings about intimate relationships and help you learn about HIV risk-reduction methods. Not only should you avoid infecting others, but you should also avoid getting reinfected. Getting reinfected may help speed up the process of the HIV infection you already have.

**Being HIV positive means taking the right steps to maintain your health.** Dealing with the fear is healthier than avoiding the knowledge of HIV infection.

**For more information on HIV antibody testing and HIV related services, contact the Wisconsin AIDSline at 1-800-334-2437 or email [Aidsline@ARCW.org](mailto:Aidsline@ARCW.org). In Milwaukee, call (414) 273-2437.**

Based on information contained in the brochure *The HIV Antibody Test*, produced by the American College Health Association.

(SEE PAGE 1.)