Group Enrollment and Evidence of Insurability Form

Spouse answer for the following: CGI Life, SI Life

Spouse Employment Status. To the best of your knowledge, does the employee's spouse work now, for wage or profit, and has he/she worked at least 20 hours each week performing all duties of his/her regular occupation at his/her regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?

Spouse ☐ Yes ☐ No

Underwriting Questions

Answer each question for the coverages for which you are applying. If any of the questions below are answered yes, list the required health history at the end of the section.

Answer for the following: CGI Life, SI Life

1. AIDS History. To the best of your knowledge, in the last 5 years, has a member of the medical profession diagnosed or treated the person(s) to be insured for Acquired Immune Deficiency Syndrome (AIDS)? **California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.**

Employee ☐ Yes ☐ No
Spouse ☐ Yes ☐ No
Child(ren) ☐ Yes ☐ No

Answer for the following: CGI Life, SI Life

2. Recently Disabled/Hospitalized. To the best of your knowledge, in the last 6 months, has the person(s) to be insured been disabled or hospitalized for anything other than lacerations or broken bones due to an accident, or normal pregnancy?

Employee ☐ Yes ☐ No
Spouse ☐ Yes ☐ No
Child(ren) ☐ Yes ☐ No

Answer for the following: SI Life

3. Chronic Disease History. To the best of your knowledge, in the last 2 years, has a member of the medical profession diagnosed, treated, or counseled the person(s) to be insured for any of the following?

- Anemia (other than iron deficiency)
- Anxiety, depression or other mental or nervous illness (that resulted in hospitalizations, disability from work, or suicide attempts)
- Asthma (only if taking steroidal medication and/or have been hospitalized)
- Cancer, except basal cell carcinoma
- Diabetes
- Epilepsy and/or seizure disorder
- Heart attack, cardiomyopathy, congestive heart failure, heart murmur (and taking medication(s)), angioplasty, coronary artery bypass surgery, coronary artery disease, stent, pacemaker, heart valve replacement or any other severe heart disorder that has involved surgery, hospitalization, or any disability from work
- Hemophilia
- Hepatitis
- Kidney Disease/Disorder (including dialysis and/or chronic renal failure)
- Liver Disease/Disorder (including but not limited to hepatitis, fatty liver, cirrhosis, primary sclerosing, colangitis, or hemachromatosis)
- Lou Gehrig's Disease (ALS)
- Lung Disease/Disorder (other than asthma, including but not limited to chronic obstructive pulmonary disease, sarcoidosis, cystic fibrosis, and obstructive sleep apnea)
- Lupus
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease, scleroderma, polymyositis, or fibromyalgia
- Stroke including aneurysm, transient ischemic attack (TIA), or arteriovenous malformation
- Transplant of any organ
- An addiction to alcohol or any type of illegal or prescription drug use

Employee ☐ Yes ☐ No
Spouse ☐ Yes ☐ No
Child(ren) ☐ Yes ☐ No

Answer for the following: SI Life

4. Blood Pressure History. To the best of your knowledge, in the last year, has the person(s) to be insured had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once that was confirmed by a member of the medical profession?

Employee ☐ Yes ☐ No
Spouse ☐ Yes ☐ No
Child(ren) ☐ Yes ☐ No

Employee Name _____ Account No. _____

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Answer for the following: SI Life

5. Driving History. To the best of your knowledge, in the last 3 years, has the person(s) to be insured had his/her driver's license suspended or revoked due to driving violations, been convicted of reckless driving or driving under the influence, been involved in 3 or more motor vehicle accidents, or received 3 or more moving violations? If yes, provide details including license number and state of issue.

Employee ☐ Yes ☐ No
Spouse ☐ Yes ☐ No
Child(ren) ☐ Yes ☐ No

Answer for the following: SI Life

6. Advised Medical Procedure History. To the best of your knowledge, do you currently have any medical or surgical procedures (including organ transplant), which have been scheduled by a member of the medical profession but not yet performed?

Employee ☐ Yes ☐ No
Spouse ☐ Yes ☐ No
Child(ren) ☐ Yes ☐ No

Provide height and weight.

7. Employee for the following: SI Life — **Height:** _____ ft. _____ in **Weight:** _____ lbs.

Spouse for the following: SI Life (when proposed insured) — **Height:** _____ ft. _____ in **Weight:** _____ lbs.

Child for the following: SI Life (when proposed insured) — **Height:** _____ ft. _____ in **Weight:** _____ lbs.

Answer for the following: SI Life (over $150,000)

8. Physician Information. Provide the names and addresses of all physicians (or other members of the medical profession) for each person to be insured. The required health history section may be used if additional space is needed.

Answer for the following: All products

9. Required Health History. Provide health history for any yes answers to the underwriting questions. Include physician's (or other members of the medical profession) name, address and telephone number:

REPRESENTATION. I have read or had read to me this completed form. I represent that statements and answers given on this form are representations, not warranties, and are true, complete, and correctly recorded to the best of my knowledge and belief. **UNDERSTANDING.** I understand that: if premiums for the coverage(s) is (are) to be paid by payroll deductions, these deductions may start before the "effective date" of coverage(s) and that this does not change the effective date of coverage; and the "effective date" for health insurance coverages will be the date recorded on the policy/certificate/benefit statement, not the date the application is signed. If the coverage(s) is (are) not issued, AHL will refund any deductions it receives. I also understand that no producer (agent) has authority to waive any answer or otherwise modify this application, or to bind AHL in any way by making any promise or representation that is not set out in writing in this application. I understand that if I refuse any coverage for which I am eligible, evidence of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such form may be declined on the basis of such proof. **PREMIUM DEDUCTION AUTHORIZATION (EMPLOYEE). I AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverages requested. **AUTHORIZATION TO OBTAIN AND DISCLOSE CERTAIN DATA (FOR SI LIFE).** I authorize any physician, medical practitioner, hospital, clinic or other medical facility, Pharmacy Benefit Managers, insurance company or MIB, Inc. that has records or knowledge of my health including my prescription medication history to give to AHL, its subsidiaries or its reinsurers any medical information for the purpose of underwriting of insurance for which I am applying. **This authorization excludes disclosure of the result of a test for HIV if I have tested HIV positive but have not developed symptoms of the disease AIDS. Such test results shall not be discovered or published. Nothing in the caveat will prohibit this authorization from including the fact that I have been diagnosed with or treated for AIDS.** I understand that the information obtained by use of this authorization will be used to determine eligibility for insurance and/or benefits. I also authorize AHL, or its reinsurers, to make a brief report of my health information to MIB, Inc. I understand that there is a possibility of