

# Group Life Insurance Evidence of Insurability

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
 400 Robert Street North • B1-3102 • St. Paul, Minnesota 55101-2098 • Fax 651-665-7092

**EMPLOYER NAME: The Maryland - National Capital Park and Planning Commission**      **POLICY NUMBER: 33929**

## EMPLOYEE INFORMATION

First name	Middle initial	Last name	Email address	
Street address		City	State	Zip code

Do you have any existing life insurance policy or existing annuity contract?     Yes     No

Date of birth	Employee ID	Date of employment	Annual salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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### Basic Life

Was Basic Life waived during initial eligibility?     Yes     No    If yes, you will need to provide evidence of insurability for 2x salary.

### Supplemental Life

Total Supplemental Life Elected (You must be participating in the Basic Life plan at 2x salary to elect Supplemental Life coverage):

1x salary     2x salary     3x salary

## HEALTH QUESTIONS - (must be answered for coverage that is not guaranteed)

Employee Yes No	Employee	
	Height	Weight
<input type="checkbox"/> <input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider(s), or been hospitalized?	
<input type="checkbox"/> <input type="checkbox"/>	2. Have you ever had known symptoms of, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?	
<input type="checkbox"/> <input type="checkbox"/>	3. Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?	

**If you answer yes to any question, give details including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis, and the treatment in the Additional Health Information Section on the second page or on a separate sheet of paper.**

## AUTHORIZATION

The answers provided on this application are representations of the person signing below. The answers given are true and complete, to the best of my knowledge. It is understood that Minnesota Life Insurance Company, (the Company), St. Paul, Minnesota 55101-2098 shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage, subject to the incontestability provision in the policy. If coverage is rescinded, an otherwise valid claim will be denied.

To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. If I do not revoke this authorization, it will be valid for 24 months from the date I sign it. A photocopy shall be as valid as the original. I have read this Authorization and the Consumer Privacy Notice on the second page and I understand that I can have copies. Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Employee signature <b>X</b>	Daytime telephone number	Evening telephone number	Date signed
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**CONSUMER PRIVACY NOTICE**

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

**For further information about your file or your rights, you may contact:**

Group Division Underwriting  
 Minnesota Life Insurance Company  
 400 Robert Street North  
 St. Paul, Minnesota 55101-2098  
 Telephone: (800) 872-2214

**For information about the MIB, you may contact:**

MIB  
 50 Braintree Hill, Suite 400  
 Braintree, MA 02184-8734  
 MIB Telephone: (866) 692-6901  
 MIB TTY: (866) 346-3642  
 Website: www.mib.com

**ADDITIONAL HEALTH INFORMATION**

NAME	DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT

**For Health and Benefits Office Use Only:**

**POLICY NUMBER: 33929**

Annual Salary: \_\_\_\_\_

**Basic Life:**

Was Basic Life waived during initial eligibility and EOI is needed for basic life?  Yes  No

Total Basic Life Elected 2X  
 Coverage code 01 - underwritten amount \$ \_\_\_\_\_

**Supplemental Life:**

Current Multiple (includes any guaranteed issue): \_\_\_\_\_  
 Total Elected Multiple: \_\_\_\_\_  
 Coverage code 10 - underwritten amount \$ \_\_\_\_\_

Coverage validated by: \_\_\_\_\_ Date validated: \_\_\_\_\_

**For Minnesota Life Use Only:**

Approved  Declined  Incomplete

Approved  Declined  Incomplete

By \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_