Employee								
Spouse								
Children								

	Employee YES	Employee NO	Spouse YES	Spouse NO	Children YES	Children NO
2. During the past five years, has any Proposed Insured:						
a. Had a driver's license denied, revoked or suspended, or had three or more moving violations, two or more traffic accidents, or been convicted of driving while under the influence of alcohol or drugs? Please list family members' driver's license no. and issuing state: Employee ________ Spouse ________ Children ________	☐	☐	☐	☐	☐	☐
b. Had an X-ray, electrocardiogram or blood, urine or any other kind of medical test?	☐	☐	☐	☐	☐	☐
c. Been to a clinic, hospital or place for medical care or counseling?	☐	☐	☐	☐	☐	☐
d. Been aware of any condition that might need medical care *(such as pain, bleeding, enlargement of lymph nodes, dizziness, infection, shortness of breath, lump, growth or abnormal test)*?	☐	☐	☐	☐	☐	☐
e. Taken any kind of medication or treatment?	☐	☐	☐	☐	☐	☐
f. Been arrested for or convicted of a felony?	☐	☐	☐	☐	☐	☐
g. Applied for disability benefits?			☐	☐	☐	☐
3. During the past ten years, has any Proposed Insured consulted with or been diagnosed or treated by a medical professional for cancer; diabetes; stroke; heart or blood disorder; kidney, colon or liver disorder; lung or breathing disorder or rheumatoid arthritis?	☐	☐	☐			

ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 276-7619 • www.assurity.com

Confidential Information Authorization

/ /

Legal Name of Applicant/Insured/Claimant (Please print) Date of Birth *(MM/DD/YYYY)*

/ /

Legal Name of Additional Applicant/Insured/Claimant (Please print) Date of Birth *(MM/DD/YYYY)*

Applicant/Insured/Claimant's Current Address (Street, City, State, Zip Code) *Phone Number*

Applicant/Insured/Claimant: List child(ren) and date(s) of birth

Legal Name	Date of Birth	*Legal Name*	Date of Birth

I, on behalf of myself or the person named above *(Individual)*, hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Inc. *(formerly known as the Medical Information Bureau),* or other organization, institution or person, that has any records or knowledge of me or my health, to give to Assurity Life Insurance Company *(Assurity)*, or its reinsurers, any such information. This may include:

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CONSUMER NOTICE

MIB Pre-Notice

Information regarding your insurability will be treated as confidential. Assurity or its reinsurers may, however, make a brief report thereon to the MIB Inc., formerly known as the Medical Information Bureau, a non-profit membership organization of insurance companies, which 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 such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 *(TTY 866-346-3642)*