

NOTICE REGARDING MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. Continental Assurance Company may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Continental Assurance Company may also make information in its files available to other life insurance companies to whom you may apply for life or health insurance, or to whom you submit a claim for benefits.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

NOTICE TO PROPOSED INSURED

In order to properly underwrite and administer your insurance coverage, we must collect certain necessary and helpful information concerning your insurability. You are our most important source of information, but we may also contact other sources, including medical professionals and institutions, employers and other insurance companies.

In some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization.

You have the right to be told about, and to see (and copy if you wish), items of personal information about you which appear in our files, including the nature and scope of information contained in investigative consumer reports. You also have the right to seek correction, amendment or deletion of information you believe to be inaccurate.

Tips on completing the Evidence/Proof of Insurability form # SB127328B1:

1. **Type or print clearly with pen. We cannot accept faxed or photocopied applications, applications completed in pencil, or customized applications that have not been approved by the EOI Department. Enrollment forms are not considered EOI Applications.**
2. Both the Employer and Employee should complete ALL applicable information as thoroughly as possible. Incomplete information will delay processing of the application.
3. Section I is for the employer to fill out. Section II is for the employee to fill out. If you have questions regarding the type or amount of insurance coverage you are requesting, please contact your benefits administrator or Human Resources Department for details.
4. Regarding the "Total Amount of Coverage Requested," please check all the coverages you are requesting and fill in the total dollar amount that you are requesting. Be sure that the amount you are requesting is consistent with the benefit amount obtainable according to the policy.
5. Information regarding your spouse and dependents needs to be filled out if you are requesting Spouse or Dependent Life coverage. Otherwise, it can be left blank.
6. The beneficiary information only applies to your own Basic Life, Supplemental Life, or Voluntary Life coverage. You, the employee, are the beneficiary of any Spouse or Dependent Life coverage requested. You will probably need to contact your benefits administrator or Human Resources Department if you are changing beneficiaries. If you live in AZ, CA, ID, LA, NV, NM, TX, WA or WI and you name someone other than your spouse as beneficiary, or if you have an irrevocable beneficiary, then your spouse/irrevocable beneficiary must sign the form.
7. Keep this portion of the form, and be sure to keep a copy of the completed application. **Check with your benefit administrator or Human Resources Representative** to determine which of these addresses should receive this application:

CNA Commercial Accounts
EOI Coordinator – 6th Floor
PO Box 25942
Overland Park, KS 66225-5942

CNA National Accounts
EOI Coordinator
PO Box 946710
Maitland, FL 32794-6710

