

APPLICATION FOR REINSTATEMENT TO SECURITY LIFE OF DENVER INSURANCE COMPANY

Security Life Center • 1290 Broadway • Denver, Colorado • 80203-5699 • (303) 860-1290

The following answers and statements apply to **all persons** described in Policy or Certificate No. _____

Before the insurance will be reinstated, Security Life must determine if the persons who were covered by the policy are still insurable. Also, all past due amounts under the policy must be paid. No insurance will be in force until these requirements are met.

1. Reinstatement Height _____ Weight _____
2. Has any proposed insured for insurance (Include owner if owner's waiver of premium benefits applied for):
- | | YES | NO |
|--|--------------------------|--------------------------|
| a. ever smoked cigarettes? (If yes, for how long? amount per day?) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. stopped smoking cigarettes? (If yes, date last smoked?) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. flown within the last 2 years, or have plans to fly, other than as a passenger on a regularly scheduled airline? (If yes, complete Aviation Supplement) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. any plans to travel or reside outside of the USA or Canada? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. in the last 2 years: had a driver's license denied, revoked or suspended; had 3 or more moving violations; been convicted of an alcohol-related driving offense; been involved in 2 or more auto accidents? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. participated in the last 2 years (or intend to) in hazardous sports such as vehicle racing, sky or skin diving, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. been convicted of a felony in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. any current participation in a regular physical exercise program? (If yes, what activity? For how long? How often?) | <input type="checkbox"/> | <input type="checkbox"/> |
| i. ever had insurance (or reinstatement) postponed, limited, rated, cancelled, refused, or declined? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. have any other insurance applications pending or intended? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. any reason to believe present health is not good? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. ever had, or now have, any type of heart disease or high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| m. ever had, or now have, any type of cancer, leukemia, or malignant tumor? | <input type="checkbox"/> | <input type="checkbox"/> |

Details of "Yes" answers:

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 3. Has any Proposed Insured ever been treated for, have any sign or symptom of, or been told that the person has: | | | m. any disorder of the eyes or ears, nose or throat | <input type="checkbox"/> | <input type="checkbox"/> |
| a. high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | n. disease, illness, injury or impairment within the last 5 years not mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. pain, pressure or discomfort in the chest, palpitation, heart murmur, rheumatic fever or other heart disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Within the last 5 years has any Proposed Insured ever had or been advised to have: | | |
| c. anemia, spleen, varicose veins or other disorder of the blood, or blood vessels? | <input type="checkbox"/> | <input type="checkbox"/> | a. a surgical operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. asthma, pleurisy, tuberculosis or other disorder of the lungs or respiratory system? | <input type="checkbox"/> | <input type="checkbox"/> | b. an x-ray, electrocardiogram or other test? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. epilepsy, convulsions, dizziness, fainting spells, paralysis, mental illness, nervous breakdown or other disorder of brain or nervous system? | <input type="checkbox"/> | <input type="checkbox"/> | c. treatment, consultation or observation in a physician's office, hospital, clinic or sanitarium? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. hernia, ulcer or other disorder of the stomach, gallbladder, liver, pancreas, intestines or rectum? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Has any Proposed Insured had a physical exam within the last 5 years? (Give names of physicians, dates and reasons for all exams) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. diabetes, thyroid or other glandular disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does any Proposed Insured: | | |
| h. arthritis, back trouble, gout or other disorder of the skin, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> | a. have any deformity or amputation? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. a polyp, tumor or cancer? | <input type="checkbox"/> | <input type="checkbox"/> | b. now take any kind of medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. sugar, albumin or blood in the urine? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Has any Proposed Insured ever: | | |
| k. cystitis, nephritis, kidney stones, urethritis or other disorder of the urinary tract? | <input type="checkbox"/> | <input type="checkbox"/> | a. used alcohol or marijuana? (If so, how often? How much?) | <input type="checkbox"/> | <input type="checkbox"/> |
| l. mastitis, prostatitis, venereal disease or other disorder of the genital or reproductive organs? | <input type="checkbox"/> | <input type="checkbox"/> | b. used narcotics, hallucinatory or mind altering substances not prescribed by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | c. received advice about or been treated for use of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 8. Has any parent, brother or sister of such person ever had cancer, diabetes, high blood pressure, heart or kidney disease, nervous or mental disorder, tuberculosis or hereditary disorder? | <input type="checkbox"/> | <input type="checkbox"/> |

PARTICULARS REGARDING EACH "YES" ANSWER TO QUESTIONS 3 THROUGH 8 (please print)

Question No.	Name of Person	Name of Disease Symptom, Injury, Etc.	Date of Onset	Duration	Number of Attacks	Names and Addresses of Physicians & Hospitals

9. Names and addresses of personal physicians:

<i>Proposed Insured</i>	<i>Physician</i>	<i>Address</i>

RELIANCE: All statements and answers in this application including any supplements and amendments are true and complete to the best of my knowledge and belief. The statements and answers in the application for the original policy were true and complete on the date of that application. Both the original application and this application will be relied upon and form the basis for reinstating any insurance. No information will be considered as having been given to Security Life unless it is stated in these applications.

CONDITIONS PRECEDENT: No reinstated insurance shall be in force until: (a) any required payment for the request is paid in full, and (b) the request is approved by Security Life while the facts and health condition of those to be insured remain the same as represented in this application.

Even if Security Life deposits payment made with this application, it may decline the request. Security Life may require additional evidence of insurability before approving this request.

INCONTESTABILITY: If the policy is reinstated, the policy date for the purpose of the incontestability shall be the date of this application.

LIMITED AUTHORITY OF AGENT: No agent or any other person, except an officer of Security Life, can make or change any insurance contract or bind Security Life by making promises regarding any contract. Any change must be in writing and signed by an officer of Security Life.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Security Life of Denver Insurance Company ("Security Life") may obtain information about me or my minor children from: any physician; medical practitioner; hospital, clinic or other medical facility; employer; other insurance companies or institutions; consumer reporting agency; or Medical Information Bureau, Inc. ("MIB, Inc."). The purpose is to evaluate my application for insurance or benefits. Security Life may obtain an investigative consumer report and any records or other information available as to diagnosis, treatment and prognosis of any physical or mental condition.

Security Life may obtain any drug, physical and mental health, and alcohol-related information which may be protected by federal or state laws and regulations. As it pertains to alcohol and drug information covered by federal regulation, this may be revoked at any time by written notice to Security Life. But, any action taken before my written revocation is received by Security Life will not be affected.

Security Life may make a brief report about me or my children to MIB, Inc. Security Life may disclose information to: its reinsurers; those who perform services for Security Life on any application for insurance or benefits; or those companies to which I have applied or may apply for life or health insurance, or benefits. Disclosure may be made when required or permitted by law.

This is valid for two and one-half years from the date below. An original or copy may be used by Security Life or its authorized representative to obtain information. I have read and received a copy of this authorization, I also have a copy of the Notice of Information Procedures. It includes the MIB, Inc. and Fair Credit Reporting Notices.

The amount enclosed is \$ _____ . This payment will be refunded if the policy is not reinstated.

Signature of:
 Proposed Insured _____
(If below age 15, signature of parent or guardian required)

Date _____, 19__

Spouse (if applicable) _____

Applicant-Owner _____

Agent/Witness _____

*If a firm or corp. is to be owner, print its name.
 Also have an officer sign as applicant-owner.*

Address for Notices _____

INSTRUCTIONS: Detach and keep Applicant's Information (Conditional Receipt).
 Return Reinstatement Application to Security Life of Denver Insurance Company

**APPLICANT'S INFORMATION, PLEASE RETAIN
(Conditional Receipt)**

CONDITIONAL RECEIPT FOR APPLICANT: This is a copy of the conditions and agreements of the application.

RELIANCE: All statements and answers in this application including any supplements and amendments are true and complete to the best of my knowledge and belief. The statements and answers in the application for the original policy were true and complete on that date of the application. Both the original application and this application will be relied upon and form the basis for reinstating any insurance including reinstatement as a result of this application. No information will be considered as having been given to Security Life unless it is stated in these applications.

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**COPY OF AUTHORIZATION
TO OBTAIN AND DISCLOSE INFORMATION**

Security Life of Denver Insurance Company ("Security Life") may obtain information about me or my minor children from: any physician; medical practitioner; hospital, clinic or other medical facility; employer; other insurance companies or institutions; consumer reporting agency; or Medical Information Bureau, Inc. ("MIB, Inc."). The purpose is to evaluate my application for insurance or benefits. Security Life may obtain an investigative consumer report and any records or other information available as to diagnosis, treatment and prognosis of any physical or mental condition.

Security Life may obtain any drug, physical and mental health, and alcohol-related information which may be protected by federal or state laws and regulations. As it pertains to alcohol and drug information covered by federal regulation, this may be revoked at any time by written notice to Security Life. But, any action taken before my written revocation is received by Security Life will not be affected.

Security Life may make a brief report about me or my children to MIB, Inc. Security Life may disclose information to: its reinsurers; those who perform services for Security Life on any application for insurance or benefits; or those companies to which I have applied or may apply for life or health insurance, or benefits. Disclosure may be made when required or permitted by law.

This is valid for two and one-half years from the date below. An original or copy may be used by Security Life or its authorized representative to obtain information. I have read and received a copy of this authorization. I also have a copy of the Notice of Information Procedures. It includes the MIB, Inc. and Fair Credit Reporting Notices.

PLEASE SEE OTHER SIDE FOR REQUIRED NOTICES

NOTICE OF INFORMATION PROCEDURES

OUR UNDERWRITING PROCESS

This process is an evaluation of information about you. It is to see if you qualify for the insurance requested. The information we review may vary with the insurance applied for. We look at information about you such as: your age; occupation; health; mode of living; avocation; and other personal information.

Answers on the application are the principal source of information. We may contact other people or institutions personally, by phone, or by letter. The purpose is to confirm or add to information you have provided. For example, we may obtain information from your doctor, clinic, hospital, or other insurers. In some cases, your Security Life agent may obtain information on our behalf. A medical examination or laboratory tests may be requested.

MIB, INC.

Medical Information Bureau, Inc. ("MIB, Inc.") may provide Security Life with a brief report about you. This is a nonprofit organization of life insurance companies which has an information exchange for its members. Information that is sent to MIB, Inc. by one member may be given to their member companies who have a business need for it.

Upon your written request, MIB, Inc. will arrange for disclosure of any information it may have in your file. However, if you question the accuracy of MIB's information, you may request a correction according to the procedures in the Federal Fair Credit Reporting Act. MIB's address is: P.O. Box 105, Essex Station, Boston, Massachusetts 02112, telephone 617/426-3660.

CONSUMER REPORTS

In some cases, Security Life representative may ask an independent agency to prepare a consumer report or investigative consumer report about you. These reports may include information on your character; general reputation; personal characteristics such as health, finances, and job, and mode of living. Any information obtained by the agency may be kept in its file and later given to others who have a business need for it.

If an investigative consumer report is ordered by Security Life, the report will include information obtained through interviews with your neighbors, friends, or others you know. You may request a personal interview. The

agency will make a reasonable attempt to talk to you. It will include that information in its report. The Federal Fair Credit Reporting Act gives you the right to make a written request within a reasonable period of time, to receive additional information from Security Life about the nature and scope of an investigation, if one is made. We will provide the name, address, and phone number of any agency we ask to prepare such a report. You may contact the agency directly to learn about the contents of the report.

DISCLOSURE OF INFORMATION

Information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to others such as: consumer reporting agencies hired to prepare investigative reports; insurance companies to which you have applied for coverage or benefits; those providing services for us; those conducting bona fide actuarial, marketing, or scientific studies or audits; and your attending doctor.

Upon written request, we will give you more information about these procedures.

YOUR RIGHT TO REVIEW INFORMATION

These are procedures by which you can make a written request to review personal information in our policy file. However, Security Life will not disclose information to you that was prepared for any anticipated claim or any civil or criminal proceeding. We also have procedures by which you may request correction, amendment, or deletion of any information in our files which you believe to be inaccurate or irrelevant. Upon written request, we will provide you with further information about these procedures.

We hope this notice helps explain our underwriting process. If you have any additional questions, discuss them with your agent or contact us directly.

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