

Rohrer & Associates (R&A) □
 Fax to: 608-756-0048

INFORMAL TRIAL LIFE INSURANCE APPLICATION
 AUTHORIZATION MUST BE SIGNED BY PROPOSED INSURED - COMPLETE FOR ONE CLIENT ONLY

Producer Name:		Phone Number:	
FULL NAME (PRINT)		SEX M / F	PLAN OF INSURANCE
		SOCIAL SECURITY #	AMOUNT DESIRED \$
			RIDERS DESIRED
DATE OF BIRTH	PLACE OF BIRTH	BENEFICIARY (Name & Relationship)	
RESIDENT ADDRESS		INSURANCE (currently in force)	
CITY, STATE ZIP		HEIGHT ft inches	WEIGHT lbs
MARRIED SINGLE DIVORCED WIDOWED	Has case been submitted to other companies in past 6 mos? Yes No		
OCCUPATION	If Yes, list companies and dates submitted.		
EMPLOYER			
ADDRESS			

LIST ANY INSURANCE APPLIED FOR THAT WAS DECLINED OR RATED:

INSURER	FACE AMOUNT	YEAR	STANDARD PREMIUM	ISSUED	EXTRA PREMIUM	REASON RATED OR DECLINED

	NAME AND ADDRESS	REASON	DATE
What physician did you last consult? (Other than insurance examination)			
List all physicians you have consulted during the past 10 years, the reason for the visit and the dates.			
List all medical facilities you have been treated at, the reason for treatment and the dates of any and all treatments.			

For Tentative offer purposes only. Cannot be used to obtain a formal underwriting decision.

	NAME AND ADDRESS	REASON	DATE
List your personal physician, the reason for your last visit and the date of the visit.			
List all medications, dosages and frequency.			
Have you used any tobacco products in the past 5 years? Provide Details			
Do you engage in any type of exercise? Yes No Please describe:	Additional Information:		
Do you pursue any hobbies or other activities? Please describe: Yes No			
Have you fallen or been injured in the past three years? Please describe: Yes No			
Has your weight changed in the past year? Yes No <div style="text-align: right; margin-right: 50px;">Weight 1 year ago lbs</div> <div style="text-align: right; margin-right: 50px;">Weight 2 years ago lbs</div> Please explain:			

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION (R&A's Copy)

1. I authorize R&A, its carriers and/or reinsurers to obtain and use any information about or relating to me that may affect my insurability. R&A, its carriers and reinsurers may obtain and use health and medical information, including but not limited to information about drug use, alcohol use, nicotine use, physical and mental diseases and illness, and psychiatric disorders. R&A, its carriers and reinsurers may also obtain and use non-health and non-medical information, including but not limited to financial information, credit reports, consumer reports, driving record, criminal record, and information about avocations and aviation activity. All of this information may be used to evaluate an application for insurance, a claim for insurance benefits, or both. Information relating to communicable diseases and other risk factors relating to me or to my spouse and life partner may be used to evaluate an application for insurance on either me or my spouse and life partner. The independent financial services professional or R&A sales office representing me on this informal application for insurance may obtain the information described in this paragraph directly from any of the persons or organizations listed in paragraph 2 in order to expedite the delivery of the information to R&A, its carriers or reinsurers.
2. I authorize any and all (including but not limited to): medical and related facilities, to include hospitals and clinics; medical practitioners; doctors; pharmacists; insurers; reinsurers; Medical Information Bureau, Inc. (MIB); my current and previous employers; and Commercial Consumer Reporting Agencies (CRA). All of the aforementioned persons and organizations other than MIB may release the information described above in paragraph 1 to a CRA acting for R&A. MIB may not release the information described above in paragraph 1 to a CRA.
3. I authorize R&A to arrange to: have my blood drawn and tested; obtain a sample of and test my oral fluids; and obtain a sample of and test my urine, all of which may be necessary to gather information to be used to underwrite my application for insurance. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, immune disorders (other than HIV or AIDS; reference paragraph 5 below), and the presence of drugs, nicotine, or their metabolites. This authorization does not include genetic testing. Unless otherwise required by law or regulation, R&A may, but is not obligated to, release any of these test results directly to me or to my spouse and life partner.
4. I authorize R&A to release and disclose the information described in paragraphs 1 and 3 to its affiliates, its reinsurers, persons or organizations providing services relating to insurance underwriting for R&A, MIB, and as otherwise required by law. R&A may release and disclose the information described in paragraphs 1 and 3 to its carriers, whether or not a formal application for insurance has been submitted to that carrier. R&A may release and disclose the information described in paragraphs 1 and 3 to the financial services professional representing me on this information application for insurance if it is necessary to provide an explanation for the reasons for R&A's carriers' decision to impose special underwriting requirements, whether my application cannot be approved as applied for, or in connection with a claim for benefits.
5. **SPECIAL REQUIREMENTS FOR HIV/AIDS TESTING.** If any of R&A's carriers intends to test for the presence of antibodies to the Human Immunodeficiency Virus (HIV), which is the virus that has been associated with Acquired Immune Deficiency Syndrome (AIDS), R&A's carriers may require me to authorize that testing separately. I hereby authorize R&A and its

carriers to obtain and use the results of any HIV tests that I separately authorize, and if permitted by law, to disclose the results of those tests to its reinsurers and MIB.

6. The authorizations in paragraphs 1 through 5 shall be valid for 24 months from the date shown below or, in the event of a claim for benefits, for the duration of such claim.
7. I understand that information about me may be disclosed under this authorization to persons or organizations that are not subject to the Health Insurance Portability and Accountability Act (HIPAA) and that the information would then no longer be protected by HIPAA and any related regulations.
8. During the evaluation of this informal application, I understand that I have the right to revoke the authorizations in paragraphs 1 through 5 by writing to R&A at 158 South Franklin Street Janesville, WI 53545. If this authorization is revoked, this would result in the file being closed and no coverage would be provided, or determination whether coverage was available would not be provided.
9. I have received a duplicate copy of pages three and four of this application which is the Authorization To Obtain & Disclose Information.

I acknowledge that any agreements I have made to restrict my protected health information **DO NOT** apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

_____ My initials indicate that I would like to be interviewed if an investigative consumer report will be made.

THIS AUTHORIZATION MUST BE SIGNED WITHOUT MODIFICATION BEFORE THIS INFORMAL APPLICATION CAN BE PROCESSED.

ORIGINAL SIGNATURES REQUIRED ON THIS PAGE!

Signed at _____ this _____ Day of _____, 20_____

Proposed Insured Signature	Witness Signature	Date
AUTHORIZATIONS NOT LIMITED TO THIS LIST OF CARRIERS CURRENTLY REPRESENTED		
AIG	Empire General	Life Investors Of America
Allianz	F & G Life	Lincoln Benefit
American General	Federal Kemper	Massachusetts General
Baltimore Life Insurance	Fidelity Security	Mass Mutual
Banner Life	General Life	Midland
Canada Life	Great American	The MONY Group
AVIVA Life	Guarantee Trust Life	North American
Citizens Security	Indianapolis Life	North American Of NY
CNA	ING-USG	Old Line
Confederation Life	Jefferson Pilot	Old Republic
Conseco	John Hancock	Pan-American Life
		Peoples Benefit
		Presidential Life
		Protective Life
		Prudential
		Rohrer & Associates
		Security Connecticut
		Security Mutual
		Southwestern
		State Life
		Texas Life
		The Travelers
		Transamerica
		United Of Omaha
		US Financial Life
		WFLA
		West Coast Life
		William Penn Of NY
		Zurich Kemper

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Allianz	F & G Life	Lincoln Benefit
American General	Federal Kemper	Massachusetts General
Baltimore Life Insurance	Fidelity Security	Mass Mutual
Banner Life	General Life	Midland
Canada Life	Great American	The MONY Group
AVIVA Life	Guarantee Trust Life	North American
Citizens Security	Indianapolis Life	North American Of NY
CNA	ING-USG	Old Line
Confederation Life	Jefferson Pilot	Old Republic
Conseco	John Hancock	Pan-American Life
		Peoples Benefit
		Presidential Life
		Protective Life
		Prudential
		Rohrer & Associates
		Security Connecticut
		Security Mutual
		Southwestern
		State Life
		Texas Life
		The Travelers
		Transamerica
		United Of Omaha
		US Financial Life
		WFLA
		West Coast Life
		William Penn Of NY
		Zurich Kemper

USA Patriot Act

Rohrer & Associates Marketing Group

(This notice is printed in compliance
with Section 326 of the USA Patriot Act)

This notice is for use with applications to any of the companies listed on above application.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.