

**INSURED CHILDREN'S BENEFIT
APPLICATION PART III**

This application is for Insured Children's Benefit to be included in the policy applied for on the proposed insured.

1. Print name of proposed insured (as shown in Life App Part I)

2. Date of application of proposed insured
Month _____ Day _____ Year _____

3. Insured Children's Benefit applied for:
No. of units _____

4. Benefit	Relationship	Sex	Name	State of Birth	Date of Birth			Age Last Birthday	Height		Weight
					Mo.	Day	Yr.		Ft.	In.	
I.C.B. (Maximum Issue Age 17)	Child										
	Child										
	Child										
	Child*										

*if more room is needed, use additional Insured Children's Benefit Application.

5. Has any application or policy for life or health insurance ever been declined, special rated, restricted, postponed, canceled or reinstatement denied? **Yes** **No**

6. In the past 10 years, to the best of your knowledge, has any person to be insured under the Insured Children's Benefit:

- a. Had any illness, disease, injury, physical or mental impairment?
- b. Had any surgical operation, been hospitalized, or had any examination or treatment by a physician?
- c. Been advised to have surgery or take treatment for any condition?
- d. Been medically diagnosed as having or received treatment from a member of the medical profession for Human Immunodeficiency Virus (HIV) antibodies in blood; Acquired Immune Deficiency Syndrome (AIDS); or AIDS Related Complex (ARC)?

7. For those under age 1. Was birth premature or abnormal in any way?
If any question above is answered "yes" give details in section 8.

8. Details of answers to Questions 5 – 7

Ques. No.	Person	Details	Name and complete address of attending physicians or hospitals	Onset Date	Recovery Date

I/(we) represent that the statements and answers recorded on this application are true and complete to the best of my/(our) knowledge and belief and agree that they shall form a part of any insurance policy issued hereon.

A copy of this application has been furnished to me/(us). I have read and understand the Notice of Insurance Information Practices on the reverse side.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize any physician, medical practitioner, hospital, medical clinic, other provider of health care, any insurance company, any consumer reporting agency or employer, or the MIB, Inc. to disclose to the insurance company checked above or their authorized medical, underwriting and claims representatives all information and records relating to diagnosis, treatment, medical history, physical and mental condition and evaluation, including information about drugs, alcoholism, or mental illness, or any other medical, financial or personal information relating to me or my dependent children. The Company will use this authorization to determine eligibility for insurance and/or benefits. This authorization is valid for 30 months from this date. A photocopy is as valid as the original. I understand I have a right to receive a copy of this authorization if I desire.

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Excluding residents of Connecticut, Nebraska, and N. Carolina.

Signed this _____ day of _____, _____ at _____ State of _____
Day Month Year

I certify that I have truly and accurately recorded on the application the information supplied by the proposed insured.
X _____
Signature of Agent

X _____
Signature of Proposed Insured (Age 15 or older — 16 in California)
X _____
Applicant's Signature
X _____
Parent or Guardian if other than Applicant

NOTICE OF INSURANCE INFORMATION PRACTICES

MIB, Inc. (Medical Information Bureau, MIB) – MIB, Inc. is a nonprofit corporation which operates an information exchange on behalf of its member life insurance companies. We are a member. The purpose of the MIB is to protect its member companies and their policyowners from those who would conceal significant facts relevant to their eligibility for insurance. The information we obtain from MIB may alert us to the possible need for further investigation. We rarely use it to make a final underwriting decision, but if we do, we will notify you in writing. As a member company, we will ask the MIB if it has a record about you. If you previously applied to a member company, MIB may have information about you in its file. We will treat information about you as confidential. Symetra Life or their reinsurers may, however, make a brief report to the MIB. This report is transmitted in a coded form, in order to maintain confidentiality, and only authorized underwriting and claims personnel have access to the code. If you later apply to another MIB member company for life or health insurance, or you submit a claim to a member company, MIB, upon request, will supply the member company with the information it may have about you in its file. At your request the MIB will arrange disclosure of any information it may have about you in its file. If you question the accuracy of information on file, you may contact the MIB and seek a correction, following the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (866) 692-6901.

Investigative Consumer Report – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this with the application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

Disclosure to Others – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to the Medical Information Bureau.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

Access and Correction – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. We will give medical record information, however, only to a licensed physician of your choice or yourself. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the appropriate Individual Underwriting & Issue Department of Symetra Life, P.O. Box 84068, Seattle, WA 98124-9918. Your comments will be carefully considered and corrections made where justified.