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**IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD AND AGREED THAT:**

I/we have read the application and all statements and answers contained in this application and any supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application. I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy.

No agent or other person has power to: (a) accept risk; (b) make or modify contracts; (c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable; (d) waive any Company rights or requirements; (e) waive any information the Company requests; (f) discharge any contract of insurance; or (g) bind the Company by making promises respecting benefits upon any policy to be issued.

I agree that: **I/we will notify the Insurer if any statement or answer given in any part of the application changes prior to policy delivery. Insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to and accepted by the Owner and the first modal premium is paid.**

Changes or corrections made by the Company and noted in Section J - Details above are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

I hereby authorize any physician, medical professional, hospital, clinic or medical care facility; pharmacy benefit manager, prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB, Inc.), to provide the Company and its legal representatives or affiliated insurers, all information they have pertaining to: medical consultations; treatments; hospitalizations for physical and/or mental conditions, use of drugs or alcohol; drug prescriptions; or any other information for me. Other information could include items such as: other insurance information; personal finances; habits; hazardous avocations; motor vehicle records; court records; or foreign travel, etc.

I understand that the information obtained will be used by the Company to determine my eligibility for insurance. I authorize that any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB, Inc.; other persons or organizations performing business or legal services in connection with my application or claim; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I understand that this authorization may be revoked at any time by sending a written request to the Company, Attn: Director of Underwriting, Banner Life Insurance Company, 3275 Banner Creek, Denver, Colorado 80231. I understand that information that is disclosed pursuant to this authorization may be redisclosed and is not protected by general medical rules governing privacy and confidentiality of health information.



The authorization will be valid for 30 months and shall survive the insured. I agree that a copy of this authorization will be as valid as the original. I authorize the Company to obtain an investigative consumer report on me. I understand that I may request to be interviewed for the report and receive, upon written request, a copy of such report.

If an investigative consumer report is prepared, I elect to be interviewed:  Yes  No

**DECLARATION**

I/we understand that all premium checks are to be made payable to **Banner Life Insurance Company** (payee should not be left blank); checks are not to be made payable to the agent, agency or other third party. I/we have received the Notice to Proposed Insured, which includes the Medical Information Bureau Pre-Notice Disclosure and the Federal Fair Credit Reporting Notice.

**I authorize and appoint the Payor named in this application to act as my Agent for the sole purpose of receiving, accepting, and acknowledging delivery of any resulting insurance policy, and/or any other delivery requirement, issued pursuant to this application.**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

\_\_\_\_\_  
Signature of Proposed Insured

Signed at \_\_\_\_\_  
City/State

\_\_\_\_\_  
Print Name of Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

Signed at \_\_\_\_\_  
State in which Owner Signs the Application

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Owner/Officer Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Insurance Agent

Signed at \_\_\_\_\_  
City/State

\_\_\_\_\_  
Date