

NOTICE OF INSURANCE INFORMATION PRACTICES

(TO BE LEFT WITH PROPOSED INSURED)

YOUR PRIVACY

When you apply to Crown Life Insurance Company for insurance coverage, you entrust us with personal information about yourself. Crown Life believes that your privacy and its protection are important. We want you to understand our procedures for gathering information, how we protect this information and how you can ensure its accuracy.

Throughout this Notice, reference to information about you includes any information relating to your spouse and dependents.

WHAT INFORMATION IS COLLECTED ABOUT YOU

You are our most important source of information. Your application provides us with essential details about you. It is important that the application be completed fully and accurately.

It may not be possible in all cases to properly underwrite your insurance coverage based solely on information you have provided. In that case, we may collect additional information from other sources regarding your health, occupation, finances, lifestyles, and other insurance coverage. The amount and type of information we need depends on the amount and plan of insurance for which you have applied.

We will ask you to sign an authorization giving us the right to proceed before asking for information.

We may ask physicians or medical practitioners whom you have consulted, or hospitals, clinics or medical-care facilities where you have been treated, to verify or provide additional information about your health history.

We may obtain information from your family, friends, neighbors, employers and associates, your agent or other insurance companies you have applied to, through personal interviews, by telephone, or in writing.

We may ask an independent consumer reporting agency to prepare an investigative consumer report for us. The information we receive from a consumer reporting agency is treated in the same confidential way we treat the information on your application. However, the agency may keep a copy of the report and may disclose its contents to others for whom it performs such services. If we ask a consumer reporting agency to prepare a report, you have the right to be interviewed by them. Even if you are not interviewed, you have the further right to request a copy of the report.

DISCLOSURE OF INFORMATION ABOUT YOU

The information we obtain about you will be considered as confidential. However, the law permits us to disclose certain information about you to others without your specific authorization. We might make the following types of disclosures:

- We may ask other persons or organizations to perform business, professional, or insurance services for us. The proper performance of these services may require that we disclose certain items of information. For example, we may engage an independent organization to assist in the administration of a group insurance plan in which you participate. We would have to disclose to such an organization some information relating to your insurance coverage.
- We may provide information to another insurance company to which you have applied for coverage or benefits. For example, if you, your spouse or dependents are insured under other insurance plans, we may share claim information with the other companies involved.
- We may provide your agent, broker or sales representative with certain information about your insurance coverage in order to provide you with proper service and to plan your insurance program.
- We may disclose certain items of information to insurance support organizations formed for the purpose of preventing or detecting fraudulent transactions.
- We sometimes reinsure a portion of the risk with another insurance company. If we ask another company to share the risk under your policy, we must make information in our files available to that company.
- We may have to verify to a medical-care facility or medical practitioner that an individual has coverage with us. It may happen that a medical examination, conducted for insurance purposes, will reveal a problem not known to the individual. In such cases, we would inform the individual's personal medical practitioner that the condition or problem exists.
- Our insurance operations are subject to examination and audit by regulatory authorities. Information in our files may be reviewed during such activities.
- On occasion we may be required by law to disclose information to law enforcement agencies.

Please understand that the above describes some of the disclosures which may be made, not disclosures which are always, or even often made. In any event, it is our practice to provide only as much information as is reasonably necessary to accomplish the intended purpose.

(SEE REVERSE SIDE)

NOTICE OF INSURANCE INFORMATION PRACTICES (continued)

YOUR RIGHT OF ACCESS TO INFORMATION ABOUT YOU

You have certain rights concerning access to information about you that we have collected and retained in our files. In order to maintain the security of that information, access will be permitted only after proper identification has been submitted to us. If you would like to have access to this information, you must send a signed, written request to the address at the end of this notice, indicating full name, address, telephone number and policy number. Within 30 business days of receiving your request, we will contact you and tell you the nature and substance of the information in our files. If you wish, we will mail copies of our records to you, or you may visit our office where your file is located. You will be permitted to see and copy the records. Also, we will tell you to whom we have disclosed items of information within the last two years, or to whom we normally disclose such information. There are some kinds of information to which we are not required to give you access. We will identify the source of information which comes from hospitals, clinics, doctors, employers or insurance support organizations, but will not identify the source of information obtained from individuals such as friends or neighbors. Also, we will not provide access to information which we have obtained in connection with or in anticipation of a claim for policy benefits or a civil or criminal proceeding. In some cases, we may choose to provide medically-related information through a doctor or other medical practitioner, selected by you.

YOUR RIGHT TO CORRECT OR DELETE INFORMATION

If, after reviewing the information in your file, you believe it is incorrect, you may request, in writing, that we correct, amend or delete any item of personal information. Within 30 business days after we receive your request, we will contact you. We will re-investigate the information you question. If we agree with you, we will make the necessary revision. Any persons or organizations to whom we have disclosed the original information during the preceding two years will be notified of any change. We will also notify any insurance support organization to whom we have disclosed the information or who may have furnished the original information. You may file an appeal with the Commissioner of Commerce to have the information corrected. If we do not agree to revise the information you feel is incorrect, we will notify you and give you our reasons. You may then place a brief statement in our file explaining why you think the information is incorrect and what you believe is the correct information. Your statement will become a permanent part of our file and will be part of any future disclosure of information about you. Also, we will send a copy of your statement to anyone to whom we disclosed the original information. We hope that this explanation of our information practices is helpful to you. If you have any questions about this Notice, or about information in your file, please write to us at: **Underwriting Department, Crown Life Insurance Company, Serviced At: P.O. Box 1927, Buffalo, NY 14240-1927**

**AUTHORIZATION TO OBTAIN
AND DISCLOSE INFORMATION
REGARDING APPLICATION FOR INSURANCE**

Name of Proposed Insured (print clearly) _____

I AUTHORIZE Crown Life Insurance Company (Crown Life), its authorized representatives and insurance support organizations, to obtain any medical and non-medical information required to evaluate my application for insurance.

I AUTHORIZE any physician, medical practitioner, hospital or other medical-care facility, the Medical Information Bureau, Inc.; any insurance or reinsuring company, consumer reporting agency and my employer; to give to Crown Life, its authorized representatives or consumer reporting agency, any information about me or my minor children regarding:

- (1) diagnosis, treatment, advice or medical care of any physical or mental condition;
- (2) any use of drugs or alcohol;
- (3) any non-medical information.

I KNOW that an investigative consumer report may be prepared in connection with my application.
I elect to be interviewed if such a report is prepared. Yes No

I KNOW that Crown Life, or its reinsurer(s), may make a brief report regarding me or my minor children to other insurance companies to whom I applied or may apply for insurance.

I AGREE that this Authorization will be valid for twenty six months from the date shown below. A photocopy of this Authorization will be as valid as the original.

I KNOW that I may request to receive a copy of this Authorization.
I have received copies of the Notice Regarding the Medical Information Bureau and the Fair Credit Reporting Act, and the Notice of Insurance Information Practices.

Signed this _____ day of _____ year _____

If minor children are being insured, give names below:

Proposed Insured

Proposed Insured (if multiple life application)