

Supplemental Application For Children's Term Insurance



Genworth Life Insurance Company (GLIC) • Genworth Life and Annuity Insurance Company (GLAIC)
700 Main Street • Lynchburg, VA 24504

1. Insurer

- a. Insurer: (Select one) Genworth Life Insurance Company
 Genworth Life and Annuity Insurance Company

2. General Information (Please print all answers.)

- a. Number of Units of Children's Term Insurance (1 unit = \$1,000. Maximum number units = 10.)
- b. If the Children's Level Term Insurance Rider is to be added to an existing policy, give policy number.
- c. Proposed Insured Children List all eligible children. "Eligible children" includes natural, step, and legally adopted children of the (Proposed) Insured.

Name of Proposed Insured Child (First Middle Last)	Sex	Relationship	Date of Birth Mo. Day Yr.	Height (ft/in)	Weight (lbs)	Social Security No. (if assigned)

- d. (1) Does the owner have any existing life insurance or annuity on the life of the Proposed Insured Child? Yes No
- (2) If "Yes," list all existing life insurance policies and annuity contracts and beside each listing, indicate if the insurance is intended to replace, end or change any of those existing insurance policies or annuity contracts.

Name of Proposed Insured Child	Company	Amount	Issue Yr.	To Be Replaced?
		\$		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>
		\$		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>
		\$		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>
		\$		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>

(3) If "Yes," to any of the responses, additional forms may be required for review and signature.

3. Medical Information (Explain "Yes" Answers in DETAILS.)

Professional health care provider (care provider) means persons licensed as: medical physicians; chiropractors; physical therapists; psychologists; and drug, alcohol, or mental health counselors. **Professional health care treatment facility (treatment facility)** includes: hospitals; clinics; drug or alcohol treatment or consultation facilities; nursing homes; mental health facilities; ambulatory care centers; and facilities or offices staffed or run by care providers.

- a. In the past 10 years, has any Proposed Insured Child been treated for, or been medically advised to be treated for, any of the following?
- | | | |
|---|---|--|
| (1) Alcoholism or Drug Use <input type="radio"/> Yes <input type="radio"/> No | (5) Depression/Mental Illness <input type="radio"/> Yes <input type="radio"/> No | (8) Heart Disease <input type="radio"/> Yes <input type="radio"/> No |
| (2) Cancer <input type="radio"/> Yes <input type="radio"/> No | (6) Diabetes <input type="radio"/> Yes <input type="radio"/> No | (9) Muscular Dystrophy <input type="radio"/> Yes <input type="radio"/> No |
| (3) Chronic Lung Disorder <input type="radio"/> Yes <input type="radio"/> No | (7) Human Immunodeficiency Virus (HIV) Infection <input type="radio"/> Yes <input type="radio"/> No | (10) Neurologic Disorder <input type="radio"/> Yes <input type="radio"/> No |
| (4) Congenital Disorder <input type="radio"/> Yes <input type="radio"/> No | | (11) Seizures/Convulsions <input type="radio"/> Yes <input type="radio"/> No |

- b. For reasons other than those given in answering question 3.a. above, in the past 5 years has any Proposed Insured Child?
- (1) consulted with or received treatment from a care provider or treatment facility other than in the course of child birth? Yes No
- (2) had medication prescribed for a physical or mental disorder? Yes No

- c. In the past 5 years, with regard to operation of a motor vehicle, has any Proposed Insured Child:
- (1) been charged with a moving violation? Yes No
- (2) had a driver's license suspended or revoked? Yes No
- (3) been convicted of, or plead guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs? Yes No

For any "Yes" response, provide driver's license number in the Details section.

4. DETAILS (Identify applicable item number, letter, and name of child. If additional space is needed, use an overflow form.)

Authorization to Collect and Disclose Information

Information Information means facts about a Proposed Insured Child. It includes facts about these topics: mental and physical health, including facts about communicable diseases such as HIV infection, AIDS, tuberculosis, and sexually transmitted diseases; other insurance coverage; hazardous activities; character; general reputation; mode of living; finances; vocation; and other personal traits. It does not include facts about sexual orientation. The following statements apply to Information being collected in the states named: **New Jersey** Information does not include facts about previously administered tests for HIV Antibodies, T-Cell Counts, or AIDS. **Vermont** Information does not include facts about previously administered tests for HIV Antibodies, T-Cell Counts, or AIDS. In Vermont, the Company will not forward the results of any new tests it requests to any other entity.

Source Medical physicians; chiropractors; physical therapists; psychologists; drug, alcohol, or mental health counselors; hospitals; clinics; drug or alcohol treatment or consultation facilities; nursing homes; mental health facilities; ambulatory care centers; facilities or offices staffed or run by care providers; insurers; reinsurers; MIB; consumer reporting agencies; financial sources; employers; the Social Security Administration; neighbors; friends; and relatives.

Insurer Genworth Life Insurance Company, and Genworth Life and Annuity Insurance Company as indicted on page 1 of the application.

Proposed Insured Child The Proposed Insured Child is the person whose life is proposed to be insured.

Authorization The Authorization is this Authorization to Collect and Disclose Information.

MIB MIB is the medical information bureau known as MIB, Inc.

The following parties may need to collect Information in regard to proposed coverage: the Insurer and its reinsurers; MIB; consumer reporting agencies; and all persons authorized to represent these parties. Those parties that may need to collect Information may generally disclose Information to the following: other insurers to which a Proposed Insured Child has applied or may apply; reinsurers; MIB; or persons who perform business, professional, or insurance tasks for them. They may disclose Information as allowed or required by law. MIB and consumer reporting agencies may disclose Information only as set forth in an agreement with a member company or organization. Certain laws may pertain to some kinds of Information and may further restrict disclosure of that Information. The Insurer and its reinsurers will use Information to evaluate the application.

By signing this Supplemental Application For Children's Term Insurance, the Proposed Insured Child or the person authorized to act on the Proposed Insured Child's behalf: (1) authorizes each Source to give Information when this Authorization is presented; and (2) acknowledges receipt of the Notice to Proposed Insured Child and Owner. A copy of this Authorization will be as valid as the original. The Proposed Insured Child or the person authorized to act on the Proposed Insured Child's behalf may revoke this Authorization by sending written notice to the Insurer. Failing to sign, changing, or revoking this Authorization will impair processing of the application; as a result, the application may be denied.

In all states except Rhode Island and Vermont, this Authorization will be valid for thirty (30) months after the date this Supplemental Application is signed. In Rhode Island and Vermont, this Authorization will be valid for twenty-four (24) months after the date this Supplemental Application is signed. A Proposed Insured Child or an authorized representative of a Proposed Insured Child may ask to receive a copy of this Authorization.

Representations

No licensed insurance agent is authorized to: (a) make or modify contracts; (b) waive any Insurer rights or requirements; or (c) waive any information the Insurer requests.

I represent: (1) the statements and answers given in the Supplemental Application are true, complete, and correctly recorded to the best of my knowledge and belief; and (2) the insurance being applied for is suitable for the Owner's insurance needs.

I agree that: (1) I will notify the Insurer if any statement or answer given in the Supplemental Application changes prior to rider delivery; and **(2) insurance will not begin unless: (a) a policy is delivered to the Owner and conditions for coverage under that policy are met; and (b) a rider is delivered to the Owner, and all persons proposed for insurance under the rider are living and insurable as set forth in the Supplemental Application at the time a rider is delivered to the Owner; and (c) the first modal premium is paid.**

State in which Owner Signed Supplemental Application

_____ Date _____

State in which Rider will be Delivered

Signature of Person Authorized to Act on Behalf of Minor Children (if required) and Relationship

Owner of Policy; Signature and any Title

Signature of Proposed Insured Child (if required)

Signature of Proposed Insured Child (if required)

- 1. Does the proposed owner have any existing life insurance or annuity for the life of any Proposed Insured Child? Yes No
 - 2. Is this insurance rider applied for intended to replace, end or change any existing insurance or annuity? Yes No
- If "Yes," to either question, replacement forms may be required by state law.

Signature of Licensed Insurance Agent

Notice to Proposed Insured and Owner

Genworth Life Insurance Company (GLIC) • Genworth Life and Annuity Insurance Company (GLAIC)

700 Main Street • Lynchburg, VA 24504

Thank you for your application. We greatly appreciate your completing each part truthfully and accurately. This Notice tells you what to expect after completing the Application – Part I and provides other important information, including information required by state law and regulation. If you have any questions, please ask the soliciting licensed insurance agent (licensed agent). The licensed agent should gather information about your personal situation, insurable needs, and financial objectives and explain how the insurance recommendations are appropriate to fulfill those needs and objectives. When deciding insurance needs, consider the following: the losses you want to protect against; the kind of insurance; how long you will need the coverage; your future liquidity needs, e.g., college funding; your ability to pay the planned premium; taxes; and your other financial assets, e.g., Social Security, pension plans.

Policies Available Only in English

Our insurance applications, illustrations, disclosures and our insurance policies are available only in English. In addition, all of our servicing to our policyholders is only in English. You are responsible for fully understanding these English materials. We do not permit our insurance agents to translate these materials to a different language and you may not rely on any translation by our insurance agent.

What Happens Next

Underwriting

Once we receive your application, we will begin an evaluation process called underwriting to determine whether you are eligible for insurance and, if so, the rate you should pay for that insurance. We may seek information from other sources to help us in our evaluation. During underwriting we may find that we are unable to give you the insurance you have applied for or that we are able to give it to you only on a modified basis or at a rate greater than our lowest rate. For example, if you have ever used any kind of tobacco or other nicotine product, you may not be eligible for our lowest rate.

Physical Exam

Virtually all Proposed Insureds are required to take a physical exam. The exam is done by a qualified examiner and takes approximately 30 minutes. During the exam, you should expect the following: to provide your medical history; to be weighed and measured; to have an EKG (not always required); to provide a blood or saliva sample and a urine sample; to have your blood pressure and pulse taken.

Here are some of the ways you can help with the exam process:

- Schedule your exam within 24 hours after you complete the Application – Part I
- Have a list of the names and addresses of all licensed health care providers and facilities seen during the past 20 years and be prepared to provide reasons, dates and any treatments received as a result of those visits
- Do not eat or drink (except water) for 12 hours prior to your scheduled exam time
- Have a photo ID ready, e.g., driver's license, passport, or greencard

Other Important Information

Contestability

Because your application will be our primary source of information, we strongly urge you to review the completed application closely for accuracy. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application. A claim may be denied or your coverage may be contested by a lawsuit if the application is incomplete or if it contains false statements or misrepresentations. If the lawsuit is successful, the policy will be void and coverage will be lost. Any policy that is delivered to you will indicate when and under what circumstances it may be contested. In addition, you may be violating state law if you knowingly conceal material facts or submit an application that contains materially false information.

Replacement of Existing Coverage

If you have existing coverage, answer "yes" to this question in the application. If you intend to replace existing coverage, tell the licensed agent of your intention and answer "yes" to the replacement question in the application. State law may require the licensed agent to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, answer the replacement question "yes." Doing so may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods. Stopping premium payments, surrendering, or borrowing from an existing policy as a result of applying for this policy could be considered replacement. State law may define replacement to include other situations. Ask the licensed agent if you are unsure about replacement.

Insurance Information Practices

We will rely primarily on information provided by you. We may supplement that information with information from other sources such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under **Federal Fair Credit Reporting Act**. You may request to be interviewed in connection with the preparation of this report.

In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization. You have the right to be told about, and to see and copy if you wish, items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to P.O. Box 461, Lynchburg, Virginia 24505-0461.

Premium Payments on Term and Excess Interest Whole Life

For premiums not paid on an annual basis at the beginning of a policy year, we adjust the annual premium by a modal factor to compensate for the lost investment earnings, additional administrative costs, and expected early lapses. These modal factors and associated APRs are available and will be provided. Ask the licensed agent for this information.

Federal Fair Credit Reporting Act

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living and personal characteristics. ("Mode of living" does not include information related directly or indirectly to your sexual orientation.) The agency will conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.

MIB (Medical Information Bureau) Disclosure

We will treat the information regarding your insurability as confidential. We and our reinsurers may, however, make a brief report to the MIB, Inc. MIB, Inc. is a non-profit membership organization of life insurance companies. It operates an information exchange bureau on behalf of its members. If you apply to another member company for life, health, or disability insurance, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply that company with any information it may have in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in that file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. To contact MIB, Inc., you may: write P.O. Box 105, Essex Station, Boston, MA 02112; phone toll free (866) 692-6901 (TTY 866 346-3642 for hearing impaired); or use the website <http://www.mib.com>.

We and our reinsurers may also release information in our files to other insurance companies to whom you may apply for life, health, or disability insurance or to whom a claim for benefits may be submitted.

Free Look Period

If we deliver a policy to you, you will have a brief period of time to examine the policy and, if you desire, to return the policy to us for a full refund of any premium you paid. This period – known as the "free look period" — is usually 20 days from our delivery of the policy to you, but it may be a slightly longer period in some states. To return the policy, simply mail or deliver the policy to the Company or any of its agents within the free look period for your state. The policy will then be made void from the beginning.

FRAUD WARNINGS

ARKANSAS and LOUISIANA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or insurance agent who knowingly provides false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud a policy holder or claimant with regard to an insurance settlement shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE and TENNESSEE and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy, is subject to criminal and civil penalties.

NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PENNSYLVANIA

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Aviso al solicitante de seguro

Genworth Life Insurance Company (GLIC) • Genworth Life and Annuity Insurance Company (GLAIC)

700 Main Street • Lynchburg, VA 24504

Gracias por su solicitud. Apreciaremos que llene cada una de las partes de este formulario correctamente. Este Aviso indica lo que sucederá después de llenar la Solicitud — la Parte 1 proporciona información adicional importante, incluso la que requieren las leyes y los reglamentos estatales. Si tiene dudas, consulte con el agente de seguros autorizado solicitante (agente autorizado). El agente autorizado debe reunir información acerca de su situación personal, sus necesidades de seguros y sus objetivos financieros, y le explicará cómo las recomendaciones de seguro cumplen estas necesidades y objetivos. Al tomar decisiones sobre sus necesidades de seguro, tome en cuenta todo lo siguiente: las pérdidas contra las cuales desea contar con protección; el tipo de seguro; por cuánto tiempo necesitará la cobertura; sus necesidades futuras de fondos líquidos (p. ej.: para pagar la educación universitaria); su capacidad de pagar la prima; los impuestos; y los demás activos financieros, tales como el Seguro Social y los planes de jubilación.

Pólizas disponibles sólo en inglés

Nuestros formularios de solicitud, ilustraciones, información pública y nuestras pólizas de seguros están disponibles sólo en inglés. Además, todos los servicios que proporcionamos a nuestros asegurados se ofrecen sólo en inglés. Usted es responsable de comprender en su totalidad esta información que se le proporciona en inglés. No permitimos que nuestros agentes de seguros traduzcan estos materiales a distintos idiomas y usted no debe fiarse de ninguna traducción proporcionada por nuestros agentes.

Los próximos pasos

Evaluación

Una vez que recibamos su solicitud, empezaremos un proceso de evaluación para determinar si reúne los requisitos para el seguro y, en caso afirmativo, la tarifa que debe pagar por él. Puede que solicitemos información de otras fuentes para ayudar con la evaluación. Durante la evaluación, cabe la posibilidad de que descubramos que no podemos ofrecerle el seguro que ha solicitado, o que sólo podemos ofrecérselo en forma modificada o a una tarifa mayor que la tarifa más baja.

Por ejemplo, si alguna vez ha consumido cualquier clase de tabaco u otro producto con nicotina, posiblemente no califique para la tarifa más baja.

Examen físico

A casi todos los solicitantes de seguro se les requiere someterse a un examen físico. Este examen lo realiza una persona calificada para ello, y lleva aproximadamente 30 minutos. Durante el examen, puede que tenga que dar su historial médico; que se pese y se mida; que se le haga un EKG (electrocardiograma; no se requiere en todos los casos); que proporcione una muestra de sangre o de saliva y otra de orina; que se le tome la presión arterial y el pulso.

A continuación, se ofrecen sugerencias para que el examen se lleve a cabo sin problemas:

- Programe el examen dentro de las 24 horas después de llenar la Parte 1 de la Solicitud.
- Prepare una lista de los nombres y las direcciones de todos los proveedores y centros de servicios de salud autorizados a los que ha recurrido durante los últimos 20 años, y esté preparado para indicar los motivos de las visitas, las fechas y cualquier tratamiento recibido como resultado de ellas.
- No coma ni beba (salvo agua) durante las 12 horas previas al examen.
- Tenga a mano un documento identificativo con su foto (p. ej.: licencia para manejar, pasaporte o tarjeta verde)

Otros datos importantes

Disputabilidad

Debido a que su solicitud será nuestra fuente principal de información, le recomendamos que la revise con detenimiento para asegurarse de que sea correcta. Antes de aceptar una póliza, usted nos debe informar de cualquier cambio de respuesta en cualquier parte de la solicitud; de hecho, usted conviene en hacer esto al momento de firmar la solicitud. Si la solicitud no está completa o contiene declaraciones falsas o engañosas, puede ser motivo de que se rechace un reclamo o que se dispute su derecho a cobertura. Si la compañía de seguros prevalece en el litigio, la póliza quedará anulada y se perderá la cobertura. Cualquier póliza que se le entregue indicará cuándo y en qué circunstancias podrá ser disputada. Además, es posible que se encuentre en violación de leyes estatales si esconde a propósito hechos materiales o presenta una solicitud con información falsa.

Sustitución de la cobertura existente

Si ya tiene cobertura bajo otra póliza, responda "sí" a esta pregunta en la solicitud. Si desea sustituir a la cobertura existente, indique sus intenciones al agente autorizado y conteste "sí" a la pregunta que se trata de la sustitución de cobertura. Las leyes estatales pueden requerir que el agente autorizado le proporcione información que le ayude a comparar la póliza solicitada con la que desea sustituir. Si no está decidido acerca de conservar la cobertura que ya tiene, conteste "sí" a la pregunta de sustitución. Esto podría ayudarle a obtener la información necesaria para tomar una decisión. Si reemplaza a la cobertura existente, la nueva póliza podría especificar nuevos períodos de exención por suicidio y de disputabilidad. Si deja de pagar las primas de una póliza existente, o si recibe el valor de rescate de la misma o saca un préstamo de ella como resultado de solicitar esta nueva póliza, esto podría considerarse como una sustitución. La ley estatal podría definir el reemplazo para que también incluya otras situaciones. Si tiene dudas en cuanto al reemplazo, consulte con el agente autorizado.

Prácticas de información relacionadas con seguros

Dependeremos principalmente de la información que nos dé. Podemos obtener, además, otra información de otras fuentes, tales como los profesionales de cuidado de la salud que lo hayan tratado. En algunos casos podemos pedirle a una agencia de información sobre consumidores que recopilen información y que presenten un informe investigativo sobre el consumidor, tal como se explica en este Aviso bajo Federal Fair Credit Reporting Act (Ley sobre la garantía de equidad crediticia). Puede solicitar una entrevista con relación a la preparación de este informe.

En ciertas situaciones, la ley nos permite divulgar datos necesarios de carácter personal a terceros, sin que usted lo autorice de forma específica.

Tiene derecho a estar enterado de (y de ver y copiar, si así lo desea), elementos de información personal acerca de usted que figuran en nuestros archivos, incluso información que se encuentra en los informes investigativos sobre el consumidor. También tiene el derecho a procurar que se corrija cualquier información que considere incorrecta.

Si nos envía una solicitud escrita le enviaremos una explicación más detallada de nuestras prácticas relacionadas con la información. Envíe su solicitud a: P.O. Box 461, Lynchburg, Virginia 24505-0461.

Pago de primas sobre pólizas de seguro de vida a plazo fijo y completo con exceso de interés

En el caso de las primas que no se paguen anualmente al comienzo del año de la póliza, aplicamos un valor de ajuste a la prima para compensar los retornos de inversión perdidos, los costos administrativos adicionales y el vencimiento temprano de algunas pólizas. Estos factores de ajuste y las APR (tasas de interés anual) están disponibles y se le proporcionarán a petición.

Pídale esta información al agente autorizado.

Federal Fair Credit Reporting Act (Ley sobre la garantía de equidad crediticia)

Como parte de nuestra evaluación podemos pedir que se prepare un informe investigativo sobre el consumidor. Este informe lo preparará una entidad independiente, conocida como agencia de información sobre consumidores. El informe incluye, generalmente, información en cuanto a su carácter, reputación general, modo de vida y características personales. (El "modo de vida" no incluye información relacionada directamente con su orientación sexual.) Para obtener esta información la agencia realizará entrevistas personales con sus familiares, amistades, vecinos, colegas profesionales o de negocios, referencias financieras u otros que lo conozcan. Si nos escribe dentro un tiempo razonable después de que reciba este Aviso, le diremos si se solicitó un informe o no. Si se solicitó un informe, le indicaremos el nombre, la dirección y el número de teléfono de la agencia a la cual se hizo la solicitud. La agencia proporcionará, a petición, información en cuanto a la naturaleza y el alcance de su investigación. Si desea inspeccionar y recibir una copia del informe, lo puede hacer poniéndose en contacto con la agencia directamente.

Divulgación de información de la MIB (Agencia de información médica)

Respetaremos la confidencialidad de la información relativa a su asegurabilidad. No obstante, nosotros y nuestras compañías de reaseguro podrán presentar un breve informe a MIB, Inc., una organización sin fines de lucro constituida por compañías de seguro de vida. Esta empresa opera una agencia de intercambio de información en nombre de sus miembros. Si solicita un seguro de vida, salud o incapacidad a cualquier otra compañía miembro, o si se presenta un reclamo por beneficios a cualquiera de estas compañías, MIB, Inc. proporcionará, a solicitud de dicha compañía, cualquier información que tenga en sus archivos.

A petición de usted, MIB Inc. hará los arreglos necesarios para divulgarle cualquier información que tenga acerca de usted en sus archivos. Si duda de la exactitud de la información contenida en este archivo, podrá ponerse en contacto con MIB, Inc. y pedir una corrección de acuerdo con los procedimientos establecidos en la Federal Fair Credit Reporting Act. Para ponerse en contacto con MIB, Inc., diríjase por escrito a: P.O. Box 105, Essex Station, Boston, MA 02112; teléfono libre de cargo 1-866-692-6901 (1-866-346-3642 para déficit de audición); o vaya al sitio web <http://www.mib.com>.

Nosotros, así como nuestras compañías de reaseguro, también podemos proporcionar la información que se encuentra en nuestros archivos a otras compañías de seguro a las que solicite un seguro de vida, salud o incapacidad, o a las que presente un reclamo por beneficios.

Periodo de gracia

Cuando le entregamos una póliza, usted dispone de un breve periodo de tiempo para examinarla y, si lo desea, devolvérsela para obtener el reembolso completo pagado por la prima. Este periodo, conocido como "periodo de gracia," es por lo general de 20 días a partir de la fecha en que le entregamos la póliza. Sin embargo, en algunos estados puede que el periodo sea más largo. Para devolvérsela, envíela por correo postal o entréguela en la compañía o a cualquiera de sus agentes durante el periodo de gracia dentro de los límites fijados por su estado. La póliza se anulará desde el principio.

ADVERTENCIAS CONTRA EL FRAUDE

ARKANSAS y LOUISIANA

Cualquier persona que a sabiendas presente una reclamación falsa o fraudulenta para obtener pago por una pérdida o un beneficio, o que presente deliberadamente información falsa en una solicitud de seguro, comete un delito y puede estar sujeta a multas y penas de prisión.

COLORADO

Es ilegal proporcionar a sabiendas información falsa, incompleta o engañosa a una compañía de seguros con el propósito de defraudar o intentar defraudar a la compañía. Las sanciones pueden incluir prisión, multas, denegación del seguro e indemnización por daños civiles. Se deberá denunciar ante la División de Seguros de Colorado, en el Departamento de Agencias Reguladoras, a cualquier compañía de seguros o agente de seguros que a sabiendas proporcione información falsa, incompleta o engañosa con el propósito de defraudar o intentar defraudar a un asegurado o reclamante con respecto a la liquidación de un reclamo.

DISTRITO DE COLUMBIA

Constituye un delito proporcionar información falsa o engañosa a un asegurador con el propósito de defraudar al asegurador o a cualquier otra persona. Las sanciones incluyen prisión y/o multas. Asimismo, un asegurador podrá denegar los beneficios del seguro si el solicitante ha proporcionado información falsa que tenga relación importante con el reclamo.

FLORIDA

Cualquier persona que, a sabiendas y con intención de perjudicar, defraudar o engañar a una empresa aseguradora, presente una reclamación o una solicitud con información falsa, incompleta o engañosa, comete un delito grave en tercer grado.

KENTUCKY

Cualquier persona que, a sabiendas y con la intención de defraudar a una compañía de seguros u otra persona, presente una solicitud de seguro que contenga información falsa o que oculte, con fines engañosos, información con respecto a cualquier hecho importante, está cometiendo un fraude de seguros, lo cual constituye un delito.

MAINE y TENNESSEE y WASHINGTON

Es un crimen proporcionar a sabiendas información falsa, incompleta o engañosa a una compañía de seguros con el propósito de defraudar a dicha compañía. Las sanciones pueden incluir prisión, multas o la denegación de los beneficios del seguro.

NUEVA JERSEY

Cualquier persona que incluya información falsa o engañosa en una solicitud de póliza de seguro está sujeta a sanciones civiles y penales.

NUEVO MÉXICO

Cualquier persona que presente a sabiendas una reclamación falsa o fraudulenta para obtener pago por una pérdida o un beneficio, o presente deliberadamente información falsa en una solicitud de seguro, comete un delito y puede estar sujeta a multas civiles y sanciones criminales.

OHIO

Cualquier persona que presente una solicitud o un reclamo de seguro que contenga información falsa o engañosa, con la intención de defraudar o a sabiendas de que está facilitando un fraude contra un asegurador, comete fraude de seguros.

PENSILVANIA

Cualquier persona que, a sabiendas y con la intención de realizar un fraude a cualquier compañía de seguros u otra persona, presente una solicitud de seguro o una declaración de reclamo que contenga información falsa o que oculte, con fines engañosos, información con respecto a cualquier hecho importante está cometiendo un fraude de seguros, lo cual constituye un delito y puede implicar la aplicación de sanciones civiles y penales.