

EVIDENCE OF INSURABILITY FORM

Life Insurance Company North America (LINA)
 (herein called the Insurance Company)
 For info and customer service call
 €The applicant must sign and date this form.
 €This form cannot be considered unless received within 30 days of the date it is dated.
 Important: Please enter all dates in mm/dd/yyyy format.

32 % R [/HKLJK 9DOOH \ 33

Employer Use: (Mandatory Data Needed) In order to process this form, the employer must complete this information.

Employer: _____ Policy: _____
 Class: _____ Location: _____ Date of Hire _____ Annual Salary: _____ Verified By _____
 Reason for Request: H 1HZ +LUH /DWH (QWUDC _____)

VOLUNTARY COVERAGE	EMPLOYEE AMOUNT	SPOUSE* AMOUNT
1. Enter Requested Coverage Amount (Total)		
2. Enter Current Coverage including guarantee issue (set zero if no current coverage)		
3. Subtract Line #2 from Line # 1, this is the amount subject to Underwriting		

EMPLOYEE SECTION

(PSOR \HH 1DPH ILUVW PLGGOH ODVW _____ 6RFLDO 6HFXULW \
 \$GGUHVV _____ & LW \ _____ 6WDWH _____ = LS
 3KRQH _____ , ' _____ %LUWKGDWH _____ *HQG%U0%)

COMPLETE IF ELIGIBLE FOR SPOUSE* COVERAGE

, DP FXUUHQWO \ PDUULHG DQG P \ GDW \ R \ P, FXUWUHQWLO K D' R P HDQ H Ø L3D U
 6SRXVH 1DPH ILUVW PLGGOH ODVW _____ 6RFLDO 6HFXULW \
 3KRQH _____ %LUWKGDWH _____ *HQG%U0%)

IMPORTANT
 Please complete each section that follows.
 Read the Agreements and Authorization. Sign the form in the space provided.

&RPSOHWH WKH HPSOR \HH DQG \ R & SRXVH LWKHU PDSURVGH QRWKRSKHEWLRQULIL
 WKDQ WKH JXDUDQWHHG DPRXQW RU DUH DSSO \LQJ IRU /LIH ,QVUDQFH PRU

Height and Weight Information
 Employee +HLJKW BBBIW BBBLQ :H Spouse* B+HBLJKW BBBIW BBBLQ :HLJKW

3OHDVH LQGLFDWH \RXU DQFWZHRQ ERUFKIDFNKLQXHWKHLRQLR UWKREVERHIRU WKH :LWKLQ WKH ODVW \HDUV KDJQWZLHW SUDPSRRIHV KLFHFRLOFDQVE SURIHVVLQRQDO KH VKH KDRQRW RD \ KHQW DQHRW MCKHE \ BKQF FRQGLWLRQV	Employee		Spouse*	
	Yes	No	Yes	No
\$ \$ KHDUW DWWDFN RU VWURNH "	%	%	%	%
% &DQFHU RWKHU WKDQ 1RQPHODQRPD 6NLQ &DQFHU +R%JN%Q %G%VHD	%	%	%	%
& (PSK \VHPD RU &KURQLF 2EVWUXFWLYH 3XOPRQDU \ 'LVHDM H %& 2% " %	%	%	%	%
' +,9 ,QIHFWRQ RU \$, '6"	%	%	%	%
('LDEHWHV +HSDWLWLV & RU &LUUKRVLV RI WKH OLYHU " %	%	%	%	%
) \$OFRKRO RU GUXJ DEXVH RU GHSHQGHHQF \ "	%	%	%	%
:LWKLQ WKH ODVW \HDUV KDJQWZLHW SUDPSRRIHV KLFHFRLOFDQVE '8, FRQYLFWRQ	%	%	%	%

AGREEMENTS AND AUTHORIZATION

7R WKH EHVW RI P\ NQRZOHGJH DQG EHOLHI DOO ZULWWHQ DW HFOHLSKVRQLDFQFQ
LQWR HIIHFV XQOHVV , DP DFWHLYH OODW ZQGNURQV DQG WK BQVWRJRH UQVFRIRUH
SHUVRQ LV QRW FRQILQH LQJ DFKURWDLQ DPH QIUFDO VWU WDXWDFRQW B QKHHFRQ BSHV
GHVFULEHG LQ WKH SROLF\ DQG FHWWHILQF DXUD QFKH &RPSUDRQDLOU FRQWIKRGM DUKB V
7KLV UHTXHVW ZLOO \EMKD S DSUVR RU GHWKHSKH LQVXUDQFH
, PD\ QHHG WR SURYLGH PRUH PHGLFDO LQIR
, PXVW UHSRUW DQ\ FKDQJH LQ P\ KHDOWK WKDW KDSSHQV EHIRUH WKH LQ

Authorization , SHUPLW DQ\ KRUSLSUDDF WLOWLQF QH KHS ODKPDL LQF XQB QFVH FROPSUDRQV
%XUHDX 0,% RU DQ\ RWKHU SHUW RVK HR UKHRDQ DQ L JPHGLRFD Q KYLLQVRLQ IRS OEVLF D
HPSOR\PHQW RU LQFRPH RU PRWRU YHKLFOH GULYLQJ UHFRQGR WIR LG WKFH SY
XQGHUZULWLQJ WKLW DSBQEDVH BQQIR DQ\QVXDDQ XQ GRU DQQ LQVXDDQGHZK
IURP WKH GDWH EHORZ , DFFHSW WKDW DFRS\ RI WKLW \$XWKRULJDWLRQ LV
, XQGHUVWDQG WKDW , DQG RU P\ DXWKRULJHG DJHQW KDYH WKH ULJKW WR
, XQGHUVWDQG WKDW WKH LQIR ZLOO EH XVHG WR DVVHV V P\ UHTXHVW IRU L
, PD\ UHYRNH WKLW DXWKRULJDWLYRQ DWL BQ\ZW OPHQVW ZULWELQKHSQ XWK BFM D
FKDQJH WKH ,QVXUDQFH &RPSDQFH QVH V KWRWB KOB LVRKHU \$XWKRULJ QVDFR URS

*For purposes of this form, wherever the term Spouse appears, it shall also include Domestic Partner registered legally recognizes Domestic Partnerships or Civil Unions.

Caution Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of obtaining insurance any fact material thereto, commits a fraudulent insurance act

Sign Here _____ Employee's Signature _____ Month/Day/Year _____ Spouse's Signature* _____ Month/Day/Year
(If applicable for non-spouse)

Notice: 3HUVRQDO LQIRUPDWLRQ PD\ EH FROOHFWHG IURP SHUVRQV QV B UWLKHD
ZLWKRXX \RXU DXWKRULJDWLRQV DFWHLYH DQG ERLODFW FDQ DSUHVWRK QDULJK
WKH LQVXUDQFH DFWSDQV LVS D YDDSDOH XSRQ UHTXHVW