

23. In the past 5 years, has the Proposed Insured been told by a physician that (s)he has less than 12 months to live? Yes No
24. Is the Proposed Insured:
- a. currently hospitalized, confined to a nursing home or hospice? Yes No
 - b. receiving or been recommended by a member of the medical profession to receive home health care? Yes No
 - c. receiving or been recommended by a member of the medical profession to receive kidney dialysis? Yes No
25. Has the Proposed Insured:
- a. been diagnosed by a physician as having Alzheimer's Disease or dementia? Yes No
 - b. been diagnosed by a physician as having Amyotrophic Lateral Sclerosis (ALS)? Yes No
26. Has the Proposed Insured ever been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or tested positive for the Human Immunodeficiency Virus (HIV), or the antibodies to such virus? Yes No
27. Has the Proposed Insured ever been diagnosed by a physician as having Congestive Heart Failure (CHF) or cardiomyopathy? Yes No
28. During the past 5 years, has the Proposed Insured been convicted of a felony or misdemeanor, or been on parole or probation for any offense? Yes No
29. Is the Proposed Insured currently diagnosed by a medical professional as having or being treated by a medical professional for melanoma, internal cancer, leukemia, or Hodgkin's disease? Yes No
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30. During the past 4 years, has the Proposed Insured been treated or given medical advice by a medical professional, including office visits, medications or surgery for Melanoma, internal cancer, leukemia, Hodgkin's disease, or any other type of cancer? Yes No
31. Is the Proposed Insured:
- a. currently receiving oxygen? Yes No
 - b. has (s)he been recommended to receive oxygen by a member of the medical profession? Yes No
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32. Does the Proposed Insured need any assistance performing Activities of Daily Living (ADLs) such as eating, bathing, using the toilet independently, dressing, taking medications, or walking independently without the use of supportive devices? Yes No
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33. During the past 12 months, has the Proposed Insured:
- a. Been admitted to or confined in a hospital two or more times? Yes No
 - b. Been told by a medical professional that (s)he needs a medical procedure, diagnostic test (excluding tests related to the Human Immunodeficiency Virus (AIDS Virus)), surgery, hospitalization or nursing facility care that has not been completed? Yes No
 - c. Been confined to a nursing facility or received home health care? Yes No
34. During the past 24 months, has the Proposed Insured been treated by, diagnosed by or given medical advice by a medical professional, including office visits, medications or surgery for:
- a. Stroke, Transient Ischemic Attack (TIA), heart attack, heart-related chest pain, angina, or any procedure to improve circulation to the heart or brain? Yes No
 - b. Organ transplant, or recommendation to have an organ transplant? Yes No
 - c. Parkinson's Disease, seizure, neurological disorder, major depression, schizophrenia, psychosis, Bipolar Disorder, or mental, neurological or other psychiatric disorder? Yes No
 - d. Hepatitis C, Liver disease, kidney disease, pancreatic disease, kidney failure or lupus (SLE)? .. Yes No
 - e. Irregular heart rhythm, enlarged heart, or any other heart disorder? Yes No
 - f. Diabetes requiring more than 80 units of insulin, or any diabetic complications, including diabetic kidney disease, eye disorder, gangrene, numbness in hands or feet, diabetic coma, insulin shock, or uncontrolled blood sugars? Yes No
 - g. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), asthma, or other chronic lung or respiratory disorder (excluding mild asthma requiring occasional inhaler use)? Yes No
35. During the past 24 months, has the Proposed Insured:
- a. used any illegal drug? Yes No
 - b. been treated by or given medical advice by a medical professional, including office visits, medications or surgery for alcohol and/or drug abuse? .. Yes No
36. During the past 24 months, has the Proposed Insured had a suspended or revoked driver's license or pled guilty to or been convicted of 3 or more moving violations? Yes No

37. If the policy I have applied for is not issued, please issue the policy I qualify for, if any, with:

- The same premium with a lower face amount. The same face amount with a higher premium.

I Understand that Accidental Death Benefit Rider and Child Insurance Rider are only available with the Level Policy.

(Proposed insured's initials required: _____)

Details to any "Yes" answers: Indicate question number, condition, treatment, diagnosis date.
(example: names of prescribed medications and dosage/frequency, type of home health care, diet and exercise)

For Home Office Endorsements:

Special Instructions/Requests:

RECEIPT FOR PAYMENT

Received from _____ Date _____
the sum of \$ _____. The payment is received subject to the conditions below. This receipt does not provide any insurance.

I certify that I have explained all of the terms of this receipt to the Owner(s)/Applicant(s), and Proposed Insured, if different.

Signature of Writing Agent

ALL CHECKS MUST BE MADE PAYABLE TO GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

This receipt is not valid unless it is signed by an agent of GPM Life. This receipt is not valid unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment. Any policy issued by GPM Life shall not take effect until the full first premium is paid, the policy is delivered to the owner during the lifetime of the Proposed Insured, the effective date of the policy has arrived, and all the statements and answers given in the application continue to be true and complete. **The Proposed Insured and Owner/Applicant must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.**

NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

NOTICE OF INFORMATION PRACTICES AND NOTICE REGARDING MIB, INC.

WRITING AGENT: This special notice must be detached and given to the Proposed Insured.

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

INFORMATION PRACTICES: In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY • San Antonio, Texas 78265

MIB, INC: Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number (617) 426-3660. Information for consumers about MIB may be obtained on its website at www.mib.com. We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits is submitted.

Common Questions and Answers about Release of Protected Health Information to a Life or Disability Income Insurer

1. What is HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act of 1996. Its Privacy Rules require, in part, that health care providers receive a signed, written authorization meeting HIPAA's requirements before releasing to others Protected Health Information pertaining to the signer.

2. May I release complete personal medical information to a life or disability income insurance company?

Yes. As you did before the HIPAA Privacy Rule became effective, a medical care provider may disclose complete Protected Health Information to organizations not subject to the Privacy Rule as long as the applicant has signed a HIPAA compliant authorization.

3. Does the minimum amount necessary rule apply to this release to a life or disability income insurer?

No. The minimum necessary rule does not apply as long as a HIPAA compliant authorization is signed. This question was specifically addressed by HHS in a Q&A published December 4, 2002. This information may be found at www.hhs.gov/ocr/hipaa.

4. Can an insurer request disclosure of a person's "entire" medical record?

Yes. HIPAA allows insurers to seek and providers to disclose a person's entire medical record, if the authorization used clearly states that the entire medical record is to be disclosed (e.g., "I authorize you to disclose my entire medical record.")

5. Does HIPAA mandate the use of one specified form of authorization by everyone?

No. HIPAA requires that certain specified "elements" be included in a valid authorization to disclose protected health information. HIPAA does not mandate that a specific form be used. Both covered and non-covered entities are free to use any format they wish so long as it is compliant with HIPAA's requirements. The attached signed authorization contains all of the elements required by HIPAA.

6. What should I do if I have previously agreed to a restriction and now receive an authorization to release the "entire medical record." Does the attached authorization cover PHI that was restricted?

You may release all medical records, restricted and otherwise if a patient has previously requested a restriction and later signs an authorization which removes the restriction. The wording of the enclosed authorization specifically releases any restricted information.