

Evidence of Insurability Form



Anthem Life Insurance Company
 P.O. Box 182361
 Columbus, OH 43218-2361
 800-551-7265 • 614-433-8880 Fax

Group #

PART A - GENERAL INFORMATION

Please print in ink or type

Last Name	First Name	Middle Initial	State of Birth	Date of Birth	Social Security Number
Name of Employer			Height	Weight	Work Phone #

PART B – DEPENDENT INFORMATION

Complete for all dependents (if any) to be covered under this program.

First Name	MI	Last Name <small>If different from Employee)</small>	Height	Weight	Birth Date <small>Mo., Day, Yr.</small>	State Of Birth	Gender <small>M or F</small>	Relationship	Full-time Student <small>Y or N</small>	Eligible Income Tax Exemption <small>Y or N</small>
								SPOUSE		

PART C – MEDICAL QUESTIONNAIRE

COMPLETE THE FOLLOWING MEDICAL QUESTIONS FOR ALL PERSONS TO BE COVERED: For the purpose of the following medical questions, the term “medical or social practitioner” includes but is not limited to: a doctor, nurse, psychologist, psychiatrist, social worker, chiropractor, podiatrist, therapist, pathologist, dentist, optometrist, osteopath, clergy, Christian Science practitioner, or any person affiliated with a self-help program such as Alcoholics Anonymous, a substance abuse program, or a weight loss program.

<p>1. Are you or any of your dependents currently pregnant? If yes, who? _____ Expected due date: _____</p> <p>2. Do you or any of your dependents smoke or use tobacco? If yes, who? _____ Type? _____</p> <p>3. In the past 10 years, has anyone ever:</p> <p style="margin-left: 20px;">a. had high blood pressure or high cholesterol? If yes, last three readings: _____</p> <p style="margin-left: 20px;">b. had heart disease, cancer, diabetes, arthritis, or asthma?</p> <p style="margin-left: 20px;">c. had counseling by a medical or social practitioner for an emotional, mental or nervous condition?</p> <p style="margin-left: 20px;">d. been treated for alcohol or chemical dependency, or been convicted for driving while intoxicated?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>4. Has anyone ever been diagnosed by, or received treatment from, a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or tested positive for antibodies to the Human Immune Deficiency virus ?</p> <p>5. In the past three years has anyone been prescribed medication?</p> <p>6. In the past 10 years has anyone had an inpatient admission and/or outpatient surgery?</p> <p>7. During the past three years, has anyone sought medical treatment, or been advised by a medical or social practitioner to seek treatment for any condition not indicated by your answers to the preceding six questions?</p> <p>8. Has anyone ever been rated or declined for, or refused reinstatement or renewal of, life or health insurance? If yes, name of person, date and reason: _____ _____</p> <p>9. In the past three years, has anyone been engaged in or does anyone contemplate being engaged in sports or hobbies such as aviation, scuba diving, sky diving, racing, or similar activities? (Please list) _____ _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
---	---	--	---

IMPORTANT NOTICE: No person, including an employee or agent of Anthem Life has the authority to change or omit any of these medical questions.

A-306 9612

OMEU (04/09)

(To be detached and retained by applicant)
ANTHEM LIFE INSURANCE COMPANY
NOTICE TO PROPOSED INSURED
 (Fair Credit Reporting Notice)

INVESTIGATIVE CONSUMER REPORTS

Under Public Law 91-508, we are required to inform persons proposed for insurance that, as part of our underwriting procedure, an investigative consumer report may be obtained which will provide information concerning residence, employment, finances, health, character, general reputation, personal characteristics, and mode of living. Such information for the investigative consumer report will be obtained through personal interviews with your friends, neighbors, and associates. This information may also be obtained by telephone interview with you or a member of your household. You may request to be personally interviewed. You may also request a copy of the investigative report. Upon written request to the Company’s Underwriting Department, a complete and accurate disclosure of the nature and scope of the investigative consumer report will be provided. If you question the accuracy of the information in our files, you may request a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

