

DETACH AND LEAVE WITH APPLICANT.

This Notice must be given to Proposed Insured

(Including Medical Information Bureau Notice and Fair Credit Reporting Act Notice)

In considering Your application, information from various sources will be considered. These include Your statements, the results of Your physical examination (if required), and reports we get from doctors or medical facilities which have attended to You.

MEDICAL INFORMATION BUREAU, INC. (MIB)

Pre-Notice: Information about Your insurability will be treated as confidential. We, or our reinsurers, may, however, make a brief report thereon to MIB, a not for profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If You apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from You, MIB will arrange disclosure of any information it may have in Your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If You question to the accuracy of information in MIB's file, You may contact MIB and seek a correction in accordance with the procedures set for in the federal Fair Credit Reporting Act. This address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734.

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

COMPLIANCE NOTICE

We appreciate Your application for insurance coverage. We wish to inform You that an investigative consumer report may be ordered as to Your insurability. This report may include, if applicable, information as to Your character, general reputation, personal characteristics, and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. You may also request to be interviewed in connection with its preparation. If You would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon Your written request to the address below. You may also receive a copy of such report by making written request to us, Your agent or the reporting agency after proper identification.

Other Health Policies of This Kind With Us

If You or any covered person are insured by more than one policy of this kind, we will only pay benefits under one of those policies. You may choose which policy You wish to keep in force by sending us a written notice of Your choice. We will return the premiums to the person who paid them for any of our other policies of this kind during the period that more than one policy was in force.

Privacy Notice

Personal information may be collected from persons other than You. Such information, as well as other personal or privileged information subsequently collected by us or Your broker may in certain circumstances be disclosed to third parties without authorization and to affiliates of the company only as permitted by law. If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. You have a right of access and correction with respect to all personal information collected. A detailed notice of information practices will be furnished to You upon request.

If you need any assistance, please feel free to contact Your broker or call or write to:
Privacy Officer, UnumProvident Corporation, 2211 Congress Street, M347, Portland, Maine 04122.