

NOTICE OF INSURANCE INFORMATION PRACTICES

Sources of Information: Your answers to our questions in your application are the primary source. In addition, we may ask you to take a physical examination, and other special tests. We may ask for a report from your doctor or hospital, from other insurance companies, or from MIB, Inc. When we do so, we use the authorization form you signed with your application.

MIB, Inc. (Medical Information Bureau, MIB) is a non-profit corporation which operates an information exchange on behalf of its member life insurance companies. As a member company, we will ask the MIB if it has a record about you. If you previously applied to a member company, MIB may have information about you in its file. We will treat information about you as confidential. SAFECO Life or its reinsurers may, however, make a brief report to the MIB. If you later apply to another MIB member company for life or health insurance, or you submit a claim to a member company, MIB, upon request, will supply the member company with the information it may have about you in its file. At your request, the MIB will arrange disclosure of any information it may have about you in its file (medical information will be disclosed only to your attending physician). If you question the accuracy of information on file, you may contact the MIB and seek a correction, following the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Investigative Consumer Report: As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment and residence, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, please request this in the Remarks Section of the application, and we will notify the consumer reporting agency. The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of the report from the consumer reporting agency.

Give all the details with each "yes" answer.

<p>1. What is your height? _____</p> <p>2. What is your weight? _____</p> <p>3. Do you plan to do the following: Yes No</p> <p style="padding-left: 20px;">a. Travel outside U.S. or Canada? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Change your job? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Change where you live? <input type="checkbox"/> <input type="checkbox"/></p> <p>4. In the last five years have you had any kind of: Yes No</p> <p style="padding-left: 20px;">a. Illness? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Personal injury? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. In the last five years have you seen any medical doctors or health professionals of any other kind? Yes No (This includes mental health counselors.) <input type="checkbox"/> <input type="checkbox"/></p> <p>6. What is the name and address of the medical doctor you usually see? _____ _____ _____ ZIP Code_____</p> <p>7. Have you ever applied for life insurance and had any of the following happen: Yes No</p> <p style="padding-left: 20px;">a. The insurance was not issued or reinstated? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. The insurance was issued at a higher rate than requested? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">c. The insurance was issued for a smaller amount than requested? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">d. The insurance was issued on another plan than requested? <input type="checkbox"/> <input type="checkbox"/></p>	<p>8. Have you ever applied for or received: Yes No</p> <p style="padding-left: 20px;">a. A pension? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Disability benefits? <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Do you have pending with any other company any of the following: Yes No</p> <p style="padding-left: 20px;">a. An application for new insurance? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. A policy change? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">c. A reinstatement of a lapsed policy? <input type="checkbox"/> <input type="checkbox"/></p> <p>10. What is the total amount of life insurance on your life? (Do not count this policy) \$ _____</p> <p>11. What are the total amounts of the following benefits now on your life? Count any benefits whether issued apart from or with a life policy. If none, put a zero in the correct blank.</p> <p style="padding-left: 20px;">a. Accidental Death Benefits \$ _____</p> <p style="padding-left: 20px;">b. Waiver of Premium Benefits \$ _____</p> <p style="padding-left: 20px;">c. Monthly Disability Income Benefits . . . \$ _____</p> <p>12. As of today have you any signs of the following not disclosed in your answers to questions 1 through 11: Yes No</p> <p style="padding-left: 20px;">a. Deformity <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Disease <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Disorder (mental or physical) <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Disability <input type="checkbox"/> <input type="checkbox"/></p> <p>13. Have you smoked cigarettes in the past year? . . <input type="checkbox"/> <input type="checkbox"/> (If yes, how many packs daily?) _____</p>
--	--

Details for Yes Answers

Illness or Injury	Date	Length of Time	Name and Address of Medical Doctor or Health Professional

ADDITIONAL REMARKS: _____

Dated at _____ this _____ day of _____, 19 _____

I authorize any physician, medical practitioner, hospital, medical clinic, other provider of health care, any insurance company, any consumer reporting agency or employer, or the MIB, Inc., to disclose to SAFECO Life Insurance Company or its authorized medical, underwriting and claims representatives, or its reinsurers, all information and records relating to diagnosis, treatment, medical history, physical and mental condition and evaluation, including information about drugs, alcoholism, or mental illness, or any other information relating to me or my dependent children.

SAFECO may use that information now or in the future to underwrite my insurance application, or to reinstate, renew, continue, or pay claims on any issued policy. This authorization is valid for 30 months from this date. I understand that SAFECO will not release information obtained except to its reinsurer(s), the MIB and other persons or organizations performing business or legal services concerning my application or policy, or as may be legally required, or as I may further authorize. Information obtained from the MIB will not be released except as may be required by law.

A photocopy of this authorization is as valid as the original. I understand that I have a right to receive a copy of this authorization, and acknowledge receipt of the Notice of Insurance Information Practices.

Signed this _____ day of _____, 19 _____ at _____ State of _____

I certify that I have truly and accurately recorded on the application the information supplied by the proposed insured.

X _____
Signature of Proposed Insured (Age 16 or older)

X _____
Signature of Agent

X _____
Signature of Applicant *If other than the Proposed Insured

*If applicant is corporation or partnership, a corporate officer or partner other than Proposed Insured must sign and state title.

Disclosure to Others: Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized it to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to the Medical Information Bureau.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to affiliates of SAFECO Life who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.
6. We sometimes hire outside people and firms to perform a business, professional, or insurance function for us, and we give them information about your coverage so they can perform their function.

Access and Correction: In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. We will give medical record information, however, only to a licensed physician of your choice. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual Underwriting & Issue Department, SAFECO Life Insurance Company, P.O. Box 34690, Seattle, Washington 98124-1690.