



CLC

Life Insurance

700 Taylor Road, Suite 280 · Gahanna, OH 43230-3320
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AUTHORIZATION

For Blood Testing and Disclosure of Results

I do hereby Authorize blood to be drawn from me for laboratory tests. I understand that:

1. the tests performed will be those required by the Insurer to determine my eligibility for the insurance I have applied for;
2. I have the right to refuse to have blood drawn and that, in such event, the Insurer will decline to accept my application; and
3. the tests performed shall include, but are not limited to, tests for:
cholesterol and related blood lipids; glucose; liver or kidney disorder; or the presence of medication, drugs, nicotine or metabolites; and
immune disorders; or infection by the AIDS (HIV) virus which may include, as permitted by law, tests such as ELISA, Western Blot or T-Helper to T-Suppressor ratio with total T-cell count.

I further authorize:

1. the laboratory to disclose the test results to the Insurer;
2. the Insurer to disclose the test results, including any abnormal results, to its reinsurer, provided such reinsurer is involved in the determination of my eligibility for insurance; and
3. the Insurer to make a brief, coded, report to the Medical Information Bureau (MIB) in the MIB Notice I received as a part of my application process.

I understand that the test results will be confidential. No one will have access to the test results except: as I have authorized; as I may later authorize; or, as may be required by law.

Name of Proposed Insured (Please Print): _____

Address: _____

Signature of Proposed Insured: _____

Witness: _____

(Signature)

(Printed Name)

Date: _____

8/20/08

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Fraternal Life Insurance Since 1897