



**Addendum to Life Insurance Application  
Form AL-0494**

A. The following questions are added as an addendum to the application form noted above and are part of the application:

1. Does any person named as Beneficiary or Contingent Beneficiary lack an insurable interest\* in the person to be insured?

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

2. Is any portion of the premium on the policy applied for, to be paid in whole or in part through an assumption; and/or forgiveness of a loan used to fund premiums?

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

*\*Insurable interest - A connection by blood of the beneficiary to the insured or an economic connection under which the beneficiary stands to suffer financial loss by reason the death of the insured.*

B. Greek Catholic Union of the USA is licensed to do business in the state of Ohio. As a tax exempt entity, Fraternal Benefit Societies are not included in the Ohio Guaranty Association. This means that Fraternal Benefit Societies cannot be assessed for the insolvency of other life insurers or other Fraternal Benefit Societies. By law, a Fraternal Benefit Society is responsible for its own solvency. If there is an impairment of reserves, a certificate holder may be assessed a proportional share of the impairment. This process is described in the certificates issued by the Society.

C. Those portions of the "Notice to Proposed Insured" and/or the authorization on application, Form AL-0494 which make reference to "Medical Information Bureau or MIB" are deleted in their entirety and replaced with the following wording which will amend part of the application Form AL-0494 through inclusion as part of amendment STOLI-2.

Notice to Proposed Insured:

I understand that information regarding insurability will be treated as confidential. The Greek Catholic Union of the USA or its reinsurer(s), may, however make a brief report thereon to MIB, Inc., a not for profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. Should I apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information it my have about you in its files. The Greek Catholic Union of the USA or its reinsurer(s) may also release information in its 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.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. (Medical information will be disclosed to my attending physician only). If you question accuracy of the information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

- D. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or medical or medically related facility, insurance company, MIB Inc., ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give the Greek Catholic Union of the USA, or its representatives, including Equifax or bearer, or reinsurer, any such information. The Greek Catholic Union of the USA may disclose such information to its reinsurer(s) MIB, Inc. This authorization is valid for 30 months after the date shown below.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured  
(Parent or Guardian)

\_\_\_\_\_  
Signature of Owner