

## Section 6 – Proposed Insured/Medical Information (skip if only applying for Guaranteed Issue)

### MEDICAL QUESTIONS

A “Yes” answer does not disqualify the applicant from all offers.

1. Are you currently prescribed oxygen, hospitalized, receiving dialysis, require a wheelchair or electric (motorized) scooter for mobility; or have you been hospitalized within past year for more than 2 weeks?  Yes  No
2. Are you currently in the care of any of the following facilities: hospice, nursing home, long term care or memory care?  Yes  No
3. Has a medical professional advised or diagnosed you as having a terminal illness with a life expectancy of 12 months or less?  Yes  No
4. In the last 12 months, have you been treated for or advised by a member of the medical profession to have surgery or any diagnostic test (excluding HIV/AIDS) that has not been completed, or been referred by a member of the medical profession to a specialist for further evaluation?  Yes  No
5. In the last 12 months, have you used any form of tobacco or nicotine products including cigarettes, chewing tobacco, e-cigarettes, cigars or vape?  Yes  No
6. In the last 10 years, have you been diagnosed, treated, or been given medical advice by a member of the medical profession or prescribed medication for: (“Diagnosed” means the initial date of when illness is identified and said illness continues to be an active diagnosis for which you are monitored.)
  - a. Congestive heart failure, heart attack, coronary artery disease, cardiomyopathy, heart surgery, pacemaker, defibrillator, stroke, TIA, or aneurysm?  Yes  No
  - b. Bipolar disorder or schizophrenia, dementia, Alzheimer’s, or memory loss?  Yes  No
  - c. Cancer (other than basal cell skin cancer), melanoma, or brain tumor?  Yes  No
  - d. Diabetes with insulin use?  Yes  No
  - e. Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis, lung damage, lung disease or disorder?  Yes  No
  - f. Chronic kidney disease, kidney failure or disease, hepatitis B or hepatitis C, or cirrhosis?  Yes  No
  - g. Multiple sclerosis, Parkinson’s disease, or epilepsy?  Yes  No
  - h. Sickle cell anemia, systemic lupus, ALS (Lou Gehrig’s disease), or been a recipient of an organ transplant?  Yes  No
  - i. Abuse of drugs(s), prescription medication(s), or alcohol; or chronic pain lasting 6 months or longer in duration with use of narcotic pain medications?  Yes  No
7. In the last 10 years has a member of the medical profession recommended you to have, or performed an amputation of any body part due to disease (including complications of diabetes)?  Yes  No
8. Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?  Yes  No
9. Height \_\_\_ feet \_\_\_ inches Weight \_\_\_\_\_ lbs



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## Disclosure Statement

This disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance. This disclosure statement shall not be considered as an offer to contract or as altering or modifying any policy or rider that may be issued.

Date 01/31/2024 Proposed insured Gunter R Bauer 61 \_\_\_\_\_  
Name Age Sex

Agent preparing disclosure JON SCHWARTZ \_\_\_\_\_  
Name

Home or agency address \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurer: Royal Neighbors of America, 230 16th Street, Rock Island, IL 61201. Direct all correspondence to this address.

Descriptive Title of Coverage	Face Amount of Coverage <i>(If not applicable, description of coverage)</i>	Annual Premium* <i>(If not known, premium for mode quoted)</i>
Policy (certificate)		\$ _____
Rider (if applicable)		
Total Initial Annual Premium		\$ _____

\*Changes in the Annual Premium Amount: None

### Guaranteed Cash Values

If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for the face amount. You may borrow against this cash value at an annual 8 % loan interest charge.

	Cash Values for Face Amount			
	After 5 Years	After 10 Years	After 20 Years	At Age 65
Basic Plan	N/A	N/A	N/A	N/A
Rider(s)	N/A	N/A	N/A	N/A

### Dividends

The following are dividend illustrations for your certificate based on the current interest, mortality, and expense experience of the Society as reflected in the dividends currently being paid. However, the illustration is not a guarantee of what future dividends will be. Payment of a dividend is contingent upon the payment of the next premium due.

Cash dividend for total face amount at the end of the 10th year \$ N/A at the end of the 20th year \$ N/A.

A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured has \_\_\_\_\_ has not \_\_\_\_\_ requested an earlier delivery of the Index.

Upon request, either the company or agent will furnish you with additional information about the insurance described.





### Electronic Signature Certification

**Electronic Application of:** Gunter R Bauer, **Proposed Owner**  
**Upon the life of:** Gunter R Bauer, **Proposed Insured**  
**Dated :** 01/31/2024 **Certificate #:** \_\_\_\_\_

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I, Gunter R Bauer, hereby certify that I reviewed and electronically signed an application for Guaranteed Issue insurance on my life dated 01/31/2024

**Proposed Owner:** \_\_\_\_\_ **Proposed Insured:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Date:** 01/31/2024

## Agent's Report

1. Did you personally review the I.D. of the Proposed Insured?  Yes  No  
If **Yes**, form of I.D. \_\_\_\_\_
- 
2. Was the Proposed Insured with you at the time of the application?  Yes  No
- 
3. (a) If the Proposed Owner is different from the Proposed Insured, did you personally review the I.D. of the Proposed Owner?  Yes  No  
If **Yes**, form of I.D. \_\_\_\_\_  
(b) If Proposed Owner is an entity, did you review the I.D. of the individual executing this application on behalf of the Proposed Owner?  Yes  No  
If **Yes**, form of I.D. \_\_\_\_\_
- 
4. (a) How long have you known the Proposed Insured? \_\_\_\_\_  
(b) Are you related to the Proposed Insured?  Yes  No  
If **"Yes"**, give relationship \_\_\_\_\_
- 
5. Do you have any knowledge or reason to believe the Proposed Insured has any existing or applied for life insurance or annuity contracts with this or any other company?  Yes  No  
If **"Yes"**, please provide details \_\_\_\_\_
- 
6. (a) If **"Yes"** to question 5, will said coverage be replaced, surrendered, withdrawn, lapse, reduced, or changed in any way in connection with this application?  Yes  No  
(b) If **"Yes,"** the applicant must complete all required state replacement forms. Did the applicant complete all required replacement forms and have they been submitted with this application?  Yes  No  
(c) Did you complete any required state disclosure statements?  Yes  No  
(d) If **"Yes,"** which state disclosures were completed? Disclosure\_1854\_PA
- 
7. Please answer the following questions regarding written sales materials used in connection with the sales of this financial product:  
(a) In your presentation with the Proposed Insured or Proposed Owner, did you use any detailed quote or other written sales materials, including any electronically displayed materials?  Yes  No  
(b) Were these written or electronic sales materials and detailed quote forms approved by Royal Neighbors? (Note: any materials provided by Royal Neighbors Home Office are approved by Royal Neighbors.)  Yes  No  
(c) Did you provide the Proposed Owner with copies of all written sales materials or detailed quotes including electronically displayed material?  Yes  No  
(d) If **"Yes"** to 7(a), please list all materials used, including electronically displayed materials.

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**Certification:** I certify that the information provided is true and complete.

Agent Number JS67 Agent License Number \_\_\_\_\_



Signature of Writing Agent \_\_\_\_\_ Date 01/31/2024

Writing Agent: First JON Middle \_\_\_\_\_ Last SCHWARTZ

Email \_\_\_\_\_

If applicable, complete the following:

Second Writing Agent: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Second Agent Number \_\_\_\_\_ Percent \_\_\_\_\_



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# ROYAL NEIGHBORS OF AMERICA®

## Application for Simplified Issue Individual Whole Life Insurance

### SECTION 1 – Proposed Insured

Name:

First Gunter Middle R Last Bauer

Address 1 1167 WOOD THRUSH CIR

Address 2 \_\_\_\_\_

City BUSHKILL State PA ZIP 18324

Sex  F  M SSN/TAX ID \_\_\_\_\_ DOB 10/28/1962 State/Country of birth \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_  Driver's license # or  State ID# \_\_\_\_\_ ST \_\_\_\_\_

Are you a U.S. citizen?  Yes  No **If No**, are you a legal U.S. resident?  Yes  No

Have you ever been convicted of a felony?  Yes  No

### Trusted Contact Person

By completing this section, you designate the person listed below as your Trusted Contact Person. The Trusted Contact Person is intended to be a resource for Royal Neighbors of America in administering and protecting your certificate and responding to possible financial exploitation or fraud.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Certificateholder: \_\_\_\_\_

*A Trusted Contact Person is not authorized to conduct transactions on your certificate. You may change your Trusted Contact Person at any time by contacting Royal Neighbors of America.*

Do you wish to designate another person (secondary addressee) to receive copies of any past due notice of premiums?  Yes  No

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_



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## Section 2 – Proposed Owner (If other than Proposed Insured)

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Sex  F  M SSN/TAX ID \_\_\_\_\_ DOB \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

Are you a U.S. citizen?  Yes  No **If No**, are you a legal U.S. resident?  Yes  No

Ownership will automatically revert to Insured upon Owner's death unless Royal Neighbors is notified otherwise.<sup>#1</sup>

<sup>#1</sup> There may be consequences. Please consult your tax advisor.

## Section 3 – Information Regarding Insurance Applied For

1. **PAYMENT MODE** Electronic check/(EFT):  Monthly  Quarterly  Semi-Annual  Annual

Payment with application, if any \$ \_\_\_\_\_

2. **FACE AMOUNT** \$ \_\_\_\_\_

3. **PLAN: WHOLE LIFE**  Level Death Benefit  Graded Death Benefit  Guaranteed Issue (if GI only, skip Section 6)

a. If a Certificate cannot be issued as applied for, would you accept a modified rate class or plan option?  Yes  No

Graded Death Benefit Payment Amount \$ \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

Guaranteed Issue Payment Amount \$ \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

If applicable, I agree that if the proposed insured does not qualify for the plan above, I am applying for the best plan available from those I have selected.

4. **NONFORFEITURE OPTIONS**  Cash Surrender  Reduced Paid Up  Extended Term Insurance

5. **AUTOMATIC PREMIUM LOAN (APL)** will be provided.  Check if APL is NOT desired. If this box is checked, a loan will not be taken to pay past due premiums, and the non-forfeiture option selected will take effect.

6. **DIVIDEND OPTION**  Option 1: Paid in cash  Option 2: Left on deposit to accumulate with interest

### 7. RIDERS

Accelerated Death Benefit Rider (ADB): No additional premium charge; not available below \$7,000 face amount or with Guaranteed Issue.

Grandchild Rider

Accidental Death Benefit Rider Face Amount: \$ \_\_\_\_\_

Charitable Giving Rider (no additional premium charge): Name of Charity<sup>#2</sup> \_\_\_\_\_

<sup>#2</sup> Charity selected must comply with the Internal Revenue Code 501(c) (3) for charitable organizations. The charity must be selected from a list of pre-approved charities if specified by Royal Neighbors. Contact Royal Neighbors for this list.



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## Section 4 – Other Insurance

### EXISTING or APPLIED FOR INSURANCE

Does the Proposed Insured have any existing or applied for life insurance or annuity contracts with Royal Neighbors?  Yes  No

#### Contract 1

Contract Number \_\_\_\_\_

Face Amount \$ \_\_\_\_\_

Plan of Insurance \_\_\_\_\_

Existing or Applied For  Existing  Applied For

Year of Issue \_\_\_\_\_

Replacing?  Yes  No

#### Contract 2

Contract Number \_\_\_\_\_

Face Amount \$ \_\_\_\_\_

Plan of Insurance \_\_\_\_\_

Existing or Applied For  Existing  Applied For

Year of Issue \_\_\_\_\_

Replacing?  Yes  No

Does the Proposed Insured have any existing or applied for life insurance or annuity contracts with any other company?  Yes  No

#### Contract 1

Insurance Company \_\_\_\_\_

Contract Number \_\_\_\_\_

Face Amount \$ \_\_\_\_\_

Plan of Insurance \_\_\_\_\_

Existing or Applied For  Existing  Applied For

Year of Issue \_\_\_\_\_

Replacing?  Yes  No

#### Contract 2

Insurance Company \_\_\_\_\_

Contract Number \_\_\_\_\_

Face Amount \$ \_\_\_\_\_

Plan of Insurance \_\_\_\_\_

Existing or Applied For  Existing  Applied For

Year of Issue \_\_\_\_\_

Replacing?  Yes  No

### REPLACEMENT

In connection with this application, has there been, or will there be, with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction involving an annuity or other life insurance?  Yes  No

If "Yes," complete state replacement forms, if required, with this application.

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## Section 5 – Beneficiary(ies)

PRIMARY

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

SSN/TAX ID \_\_\_\_\_ DOB \_\_\_\_\_ Percent of proceeds \_\_\_\_\_ %

PRIMARY  CONTINGENT

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

SSN/TAX ID \_\_\_\_\_ DOB \_\_\_\_\_ Percent of proceeds \_\_\_\_\_ %

PRIMARY  CONTINGENT

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

SSN/TAX ID \_\_\_\_\_ DOB \_\_\_\_\_ Percent of proceeds \_\_\_\_\_ %

PRIMARY  CONTINGENT

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

SSN/TAX ID \_\_\_\_\_ DOB \_\_\_\_\_ Percent of proceeds \_\_\_\_\_ %



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## Agreement/Acknowledgment/Disclosure

I, the Proposed Insured or Proposed Owner, if applicable, have read this application for life insurance including any amendments and supplements and, to the best of our knowledge and belief, all statements are true and complete. We also agree that:

- Statements in this application and any amendment(s), paramedical/medical exam, and supplement(s) are the basis of any Certificate issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and, along with the articles of incorporation and bylaws of Royal Neighbors of America (Royal Neighbors), become part of the new Certificate, and any copy or electronic image of these documents are as valid as the original and may be relied upon by Royal Neighbors in determining whether to issue the insurance for which I applied.
- No information will be deemed to have been given to Royal Neighbors unless it is stated in this application and amendment(s), paramedical/medical exam, and any supplements(s).
- Only authorized officers of Royal Neighbors have the authority to: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or Certificate.
- Corrections, additions, or changes to this application may be made by Royal Neighbors. Any such changes will be shown by Endorsement to the Application. Acceptance of a Certificate issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Proposed Owner and Proposed Insured.
- If I have agreed to accept an alternative insurance product on this application, and it is different than what I originally applied for, my signature below indicates acceptance of that insurance. Information regarding the alternative product (including plan amount, premium amount, and/or benefits), has been provided and is shown to me in this application process.
- Unless otherwise provided by a Conditional Receipt, Royal Neighbors will have no liability under this application unless and until: (a) the Application has been received and approved by Royal Neighbors at the Home Office; (b) the Certificate has been issued and delivered to the Certificateowner; (c) the first premium has been paid to and accepted by Royal Neighbors; and (d) at the time of delivery and payment, the facts concerning the insurability of the Proposed Insured are as stated in this application.
- If not a current Member, the Proposed Insured applies to become a Member of Royal Neighbors as indicated by the signature on page 7 and as a Member, agrees to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors of America was founded more than 120 years ago.
- No one has signed this application on my behalf, and I, the Proposed Insured and/or Proposed Owner, if applicable, am the individual signing this application, whether as a wet, voice, or digital signature. I understand that signing this application on behalf of someone else and applying for insurance on someone without their knowledge may constitute insurance fraud and may void the Certificate.

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# Taxpayer Identification Number Certification

Under penalties of perjury, We, the Proposed Insured and Proposed Owner, certify that:

1. My tax identification number shown on this form is my correct taxpayer identification number, and
- 2a. **Proposed Insured:** I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding; and

Check this box if the IRS has notified you that you are subject to backup withholding.

- 2b. **Proposed Owner:** I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding; and

Check this box if the IRS has notified you that you are subject to backup withholding.

3. I am U.S. person (includes U.S. resident alien), and

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**FRAUD NOTICE/WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense, and subject to penalties under state law.

## SIGNATURES:

**SIGN HERE** Signed at City Bushkill State PA Date 01/31/2024  
**Proposed Insured** \_\_\_\_\_

**SIGN HERE** Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
**Proposed Owner** (if other than Proposed Insured) \_\_\_\_\_



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# ROYAL NEIGHBORS OF AMERICA®

## Authorization for Electronic Funds Transfer (EFT)

I authorize Royal Neighbors of America (Royal Neighbors) and the financial institution named below (Bank) to initiate automatic withdrawals from my checking/savings account. This authority will remain in effect until I give Royal Neighbors or the Bank reasonable notice to stop payment on any withdrawal. (Royal Neighbors requires three days' notice prior to scheduled withdrawals.)

Name of Financial Institution (Required) \_\_\_\_\_

Routing Number \_\_\_\_\_  Checking  Savings Account Number \_\_\_\_\_

Authorized Name on Account \_\_\_\_\_

DOB \_\_\_\_\_ SSN / Tax ID \_\_\_\_\_ Phone number \_\_\_\_\_

Address 1 of authorized signer \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I understand that my first payment will be withdrawn immediately upon issuance of the Certificate.

I would like subsequent  monthly  quarterly  annual payments withdrawn on the \_\_\_\_\_ day of the month.  
(If no day is selected withdrawals will default to the Certificate issue day.)

Note: if you elect monthly withdrawals and select a withdrawal day other than the issue day you will have a second withdrawal in the first month.

By signing below, I attest that I am the owner or authorized signer on this account.

**SIGN HERE** Signature as it appears on bank records \_\_\_\_\_ Date 01/31/2024



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# ROYAL NEIGHBORS OF AMERICA®

## Authorization to Release HIPAA Medical Information

I, the Proposed Insured, hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, or other medical facility, insurance or reinsurance company, MIB, LLC, consumer reporting agency, division of motor vehicles, the veterans administration, or other government agency or department having information as to the diagnosis, treatment, or prognosis with respect to any physical or mental condition, or having any non-medical information including any individually identifiable information, concerning me to release and disclose the entire medical record and any other protected health or other information concerning me within the past 10 years, without restriction, to Royal Neighbors, its agents, employees, representatives, or its reinsurers. This includes information on the treatment for alcohol, drug, and tobacco abuse, and psychiatric diagnosis and treatment. I further authorize Royal Neighbors, or its reinsurers, to make a brief report of my personal health information to MIB, LLC, 50 Braintree Hill Park, Suite 400, Boston MA 02184. **In order to facilitate the rapid transmission of such information, I authorize all the sources named above, except MIB, LLC, to give such information to any legal representative or agent employed by Royal Neighbors. I understand this authorization complies with the HIPAA Privacy Rule.**

I understand that the protected information is to be disclosed under this authorization so that Royal Neighbors may underwrite my application for life insurance, determine my eligibility for insurance, risk rating, or certificate issuance determinations, obtain reinsurance, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage, and conduct other legally permissible activities that relate to any coverage I have applied for with Royal Neighbors. Any protected information obtained will not be released and/or reported by Royal Neighbors or its reinsurers to any person or organization EXCEPT to other divisions and/or departments of Royal Neighbors or its reinsuring companies, MIB, LLC, other life/health insurance organizations or fraternal benefit societies with which I have insurance contracts or to whom I may apply for insurance or to whom a claim for benefits may be submitted, or other persons or organizations performing business or legal services in connection with my application, insurance certificate, or claim for benefits or as may be otherwise lawfully required or as I may further authorize.

I understand that this authorization shall remain in force for 24 months or as permitted by applicable law in the state where the certificate is delivered or issued for delivery from the date signed if used in connection with an application for life insurance certificate, an application for reinstatement of a life insurance certificate, or a request for change in certificate benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a certificate. This authorization shall survive me should I pass away prior to the expiration of the 24 month period as described in this paragraph so that Royal Neighbors may administer any claim that may arise due to my death.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative is entitled to receive a copy. I understand that this authorization may be revoked by me at any time in writing, and if I refuse to sign or if I subsequently revoke this authorization, Royal Neighbors may not be able to process this application for life insurance, application for reinstatement of a life insurance, or a request for change in certificate benefits, and if coverage has been issued, may not be able to process any benefit payments. I agree that Royal Neighbors shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation at its Home Office or to the extent that Royal Neighbors has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be re-disclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

### SIGNATURES:

<b>SIGN HERE</b>	Signed at city <u>Bushkill</u> State <u>PA</u> Date <u>01/31/2024</u>
	Proposed Insured _____
<b>SIGN HERE</b>	Signed at city _____ State _____ Date _____
	Proposed Owner _____ (if other than Proposed Insured)



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# ROYAL NEIGHBORS OF AMERICA®

## Information Release Notice

**This Notice is to be detached, read, and retained by the Proposed Insured.**

### MIB, LLC, Notice

Information regarding your insurability will be treated as confidential. Royal Neighbors or its reinsurers make a brief report thereon to the MIB, LLC, 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, LLC member company for life or health insurance coverage, or if a claim for benefits is submitted to such a company, MIB, LLC, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB, LLC will arrange disclosure of any information it may have in your file. Please contact MIB, LLC at (866) 692-6901. If you question the accuracy of information in MIB, LLC's file, you may contact MIB, LLC and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Report Act. The address of MIB, LLC's information office is: MIB, LLC, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184.

Royal Neighbors or its reinsurers may also release information in its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

### Fair Credit Report Act Notice

This is to inform you that as part of our underwriting procedures in connection with this application, an investigative consumer report may be obtained on the Proposed Insured. This report will provide applicable information concerning character, general reputation, personal characteristics, and mode of living.\* You may request to be interviewed in connection with the preparation of the investigative consumer report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. No information collected concerning the sexual orientation of the Proposed Insured will be used to determine her or his eligibility for life insurance.

*\*Information obtained will not be used to determine sexual orientation.*

**\*\*\* MUST BE LEFT WITH PROPOSED INSURED \*\*\***



A Fraternal Benefit Society  
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Email: [contact@royalneighbors.org](mailto:contact@royalneighbors.org) • Web site: [royalneighbors.org](http://royalneighbors.org)