



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

Application for Worksite Life Insurance

Forms included:

Worksite Life Insurance Application Form CLI-1025-IIPRC (1/12)

Important Notice Form CLI-6273

Notice of Privacy Practices Form MI1659 (4/12)



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NEW INCREASE EXISTING POLICY # _____ FOR INSURED _____

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Please print or type all information

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------|-----|
| EMPLOYEE | 1. Employee (first, middle, last) | | 2. Employment Date | | 3. Employee No. | | | | |
| | 4. Mailing Address | | No. | Street | Apt. # | City | State | Zip | |
| | 5. Phone No. (H) () (W) () | | 6. Soc. Sec. No. | | 7. Occupation | | | | |
| | 8. Are you actively at work and currently working at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| | 9. Date of Birth | | 10. St./Ctry. of Birth | | 11. Gender <input type="checkbox"/> M <input type="checkbox"/> F | | | | |
| | 12. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| | 13. Do you belong to or have you entered into a written agreement to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| | 14. Plan | | Amount of Ins. | | Premium Incl. Rider(s) | | 15. Mode | | |
| | A. <input type="checkbox"/> Term | | \$ _____ | | \$ _____ | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly | | |
| | B. <input type="checkbox"/> Term ROP | | \$ _____ | | \$ _____ | | <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | | |
| | C. <input type="checkbox"/> Universal Life | | \$ _____ | | \$ _____ | | <input type="checkbox"/> Other _____ | | |
| | D. <input type="checkbox"/> Whole Life | | \$ _____ | | \$ _____ | | | | |
| | 16. Optional Benefit Riders: | | <input type="checkbox"/> Accelerated Benefit | | <input type="checkbox"/> CTR - \$10,000 | | <input type="checkbox"/> Accidental Death Benefit | | |
| | | <input type="checkbox"/> FAIR | | <input type="checkbox"/> Waiver of Premium | | <input type="checkbox"/> Other _____ | | | |
| 17. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| 18. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____ | | | | 19. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____ | | | | | |
| OTHER PROPOSED INSURED | 20. Other Proposed Insured (first, middle, last) | | | 21. Other Proposed Insured's Soc. Sec. No. | | | | | |
| | 22. Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | | | 23. Occupation | | | | | |
| | 24. Mailing Address | | | No. | Street | Apt. # | City | State | Zip |
| | (if different from above) | | | | | | | | |
| | 25. Date of Birth | | 26. St./Ctry. of Birth | | 27. Gender <input type="checkbox"/> M <input type="checkbox"/> F | | | | |
| | 28. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| | 29. Do you belong to or have you entered into a written agreement to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| | 30. Owner, if other than Employee: (Name and Address) | | | | | 31. Relationship | | | |
| | 32. Contingent Owner (Name & Soc. Sec. No.) | | | | | 33. Relationship | | | |
| | 34. Plan | | Amount of Ins. | | Premium Incl. Rider(s) | | 35. Mode | | |
| A. <input type="checkbox"/> Term | | \$ _____ | | \$ _____ | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly | | | |
| B. <input type="checkbox"/> Term ROP | | \$ _____ | | \$ _____ | | <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | | | |
| C. <input type="checkbox"/> Universal Life | | \$ _____ | | \$ _____ | | <input type="checkbox"/> Other _____ | | | |
| D. <input type="checkbox"/> Whole Life | | \$ _____ | | \$ _____ | | | | | |
| 36. Optional Benefit Riders: | | <input type="checkbox"/> Accelerated Benefit | | <input type="checkbox"/> CTR - \$10,000 | | <input type="checkbox"/> Accidental Death Benefit | | | |
| | | <input type="checkbox"/> Waiver of Premium | | <input type="checkbox"/> Other _____ | | | | | |
| 37. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| 38. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____ | | | | 39. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____ | | | | | |

| CTR | 40. CHILDREN'S TERM RIDER – All unmarried children who are less than age 19 as of date of application. The beneficiary of children's coverage is, in all cases, the owner. | | | | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|--------------------------|-----------------------------------------|---------------|---------------|--------------------------|
| | Full Names of Proposed Insured Children | Date of Birth | Gender M or F | Relationship to Employee | Full Names of Proposed Insured Children | Date of Birth | Gender M or F | Relationship to Employee |
| | | | | | | | | |
| | | | | | | | | |

(Complete this section only as required by underwriting guidelines.)

| | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| CGI | 41. CONTINGENT GUARANTEED ISSUE - In the past 90 days have you been hospitalized due to illness or injury or had medical treatment prescribed by a physician? | Employee | | Other Proposed Insured | |
| | | Yes | No | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IF "YES", COMPLETE QUESTIONS #42 THROUGH #45 AND GIVE FULL DETAILS IN #46

SIMPLIFIED ISSUE – (Complete this section only as required by underwriting guidelines.)

| | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 42. Employee: Height: _____ ft. _____ in. Weight: _____ lbs. | Primary Physician: Name: _____ Address: _____ City & State: _____ |
| 43. Other Proposed Insured: Height: _____ ft. _____ in. Weight: _____ lbs. | Primary Physician: Name: _____ Address: _____ City & State: _____ |

GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #46

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|------------------------------------------|--------------------------|
| SI | 44. In the past five years, have you: | Employee | | Other Proposed Insured | | Children (as listed in #40 above) | |
| | | Yes | No | Yes | No | Yes | No |
| | a. been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for cancer, tumor, stroke, high blood pressure or disease of the heart or blood vessels, kidney disease, diabetes, depression or anxiety, been hospitalized or had hospitalization recommended?.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. been examined or treated by, any member of the medical profession not disclosed in response to the prior question (other than HIV)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have you 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

46. DETAILS OF "YES" ANSWERS:

| Name (Including Children listed in #40) | Date/Duration | Physician and/or Hospital Name and Address | Question Number, Condition, and Treatment |
|-----------------------------------------|---------------|--------------------------------------------|-------------------------------------------|
| | | | |
| | | | |
| | | | |

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|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|--------------------------|--------------------------|------------|-----------|--|--|--|--|--------------------------|--------------------------|--|--|--|--|--------------------------|--------------------------|
| REPLACEMENT | 47. Does the Proposed Insured have any life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company? (Complete any applicable replacement forms) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list and indicate if it is to be replaced, changed or borrowed against as a result of this application. Replaced? <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Proposed Insured</td> <td style="width:25%; border-bottom: 1px solid black;">Insurer</td> <td style="width:25%; border-bottom: 1px solid black;">Policy Number</td> <td style="width:25%; border-bottom: 1px solid black;">Amount</td> <td style="width:10%; text-align:center;">Yes</td> <td style="width:10%; text-align:center;">No</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> | Proposed Insured | Insurer | Policy Number | Amount | Yes | No | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Proposed Insured | Insurer | Policy Number | Amount | Yes | No | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| AGREEMENT | <p>AGREEMENT: I, the undersigned, agree that: 1. This Application will be part of any policy issued. 2. The answers and statements in this Application are the basis for any policy issued by The Cincinnati Life Insurance Company, and no information about them will be considered to have been given to The Cincinnati Life Insurance Company unless it is stated in this Application. 3. I have read this Application and to the best of my knowledge and belief, all the answers and statements that pertain to me are true and complete. 4. Upon acceptance of a policy other than as applied for, this Application and any amendments shall be for such modified policy. When required by statute or regulation, any change in A. Plan; B. Age; C. Amount; D. Classification; or E. Benefits shall be made only upon written agreement. 5. A sales representative does not have The Cincinnati Life Insurance Company's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of this Application, policy, or receipt, as applicable. 6. The Cincinnati Life Insurance Company shall incur no liability unless: A. This Application is fully completed, dated, signed and witnessed; B. The first premium due is paid in full or the Payroll Deduction Authorization is completed while each proposed insured is alive; C. The insurability of each proposed insured remains as described in this Application and in any supplements to this Application; and D. A policy is formally approved by us and issued on this Application, and delivered to and accepted by the owner.</p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p><input type="checkbox"/> I acknowledge that no illustration conforming to the policy applied for was provided and understand that an illustration conforming to the issued policy will be provided no later than at the time of policy delivery.</p> <p>Any person who, with intent to defraud or is knowingly facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p>Signed at: _____ Signed On: _____ City State Month Day Year</p> <p>X _____ Signature of Employee _____ Signature of Other Proposed Insured (if required)</p> <p>_____ Signature of Owner, if other than Employee</p> | | | | | | | | | | | | | | | | | | |
| AGENT | <p>For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this Application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> Will <input type="checkbox"/> Will Not replace or change any existing life insurance or annuity contract now in force.</p> <p><input type="checkbox"/> I certify no illustration was presented at the time of application; or, I certify that I did not provide an illustration conforming to the policy applied for.</p> <p>X _____ Signature of Enrolling Agent _____ Enrolling Agent Name (please print) _____ Enrolling Agent Code #</p> | | | | | | | | | | | | | | | | | | |



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**THE IMPORTANT NOTICE PRINTED BELOW MUST BE
GIVEN TO THE PROPOSED INSURED**

IMPORTANT NOTICE TO THE PROPOSED INSURED

I (We) understand that The Cincinnati Life Insurance Company may obtain an investigative consumer report on me. The data for the report may be obtained through personal interviews with my neighbors, friends, associates or acquaintances. This report includes information about my health, character, reputation, occupation and personal characteristics. I understand that:

1. I may request to be interviewed if an investigative consumer report is obtained;
2. I am entitled to receive a copy of the report; and
3. I have the right to access and request correction with respect to all personal information collected.

Information regarding your insurability will be treated as confidential. The Cincinnati Life Insurance Company, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, 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 a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in 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. The Cincinnati Life Insurance Company, or its reinsurers, may also release information from 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. Information for consumers about MIB may be obtained on its website at www.mib.com.

AGENT: **DETACH** HERE



Cincinnati Financial Corporation and affiliates: The Cincinnati Insurance Company
The Cincinnati Indemnity Company • The Cincinnati Casualty Company
The Cincinnati Specialty Underwriters Insurance Company • The Cincinnati Life Insurance Company
CFC Investment Company • CSU Producer Resources Inc.

Headquarters: 6200 S. Gilmore Road • Fairfield, Ohio 45014-5141
Mailing Address: P.O. Box 145496 • Cincinnati, Ohio 45250-5496
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NOTICE OF PRIVACY PRACTICES

OUR PRIVACY PLEDGE

You have received this notice because you have a policy with us or you have applied for or purchased a product or service from our family of companies. We believe that your personal information should be respected and protected. For this reason, we are committed to protecting your personal information and using it only as appropriate to provide you with the best possible service, products and opportunities.

This privacy notice describes our information practices and policies. It applies to our relationship with you if you are an individual who inquires about or obtains products or services from us for personal, family or household purposes.

INFORMATION WE COLLECT

To provide our products or services, we may collect personal information about you from a variety of sources, including:

- information that comes from you during the application process or when visiting www.cinfin.com
- information about you from our affiliates, your independent insurance agent, governmental entities, consumer - reporting agencies and other sources
- with your prior written consent, a medical professional who has treated you or members of your family

The type of information that we collect depends on the product or service requested, but may include:

- credit history
- motor vehicle reports
- inspections on your property
- claims history
- information concerning your previous insurance policies
- information to properly investigate and resolve any claims

INFORMATION WE DISCLOSE TO THIRD PARTIES

We do not sell your personal information to anyone. We do not disclose your personal information to third parties - people and companies that are not affiliated with us - for their own marketing purposes. For this reason, no "opt-out" is required. If we share some personal information about you with third parties without your specific authorization, it is to provide you with products and services that you request or expect from us, and as otherwise permitted by law.

For example, we may disclose the personal information we collect (as described above) as necessary to:

- service your policy, lease or account
- investigate and pay claims
- comply with state and federal regulatory requests or demands
- process other transactions that you request

To whom we make such disclosures depends on the product or service requested but may include:

- your independent insurance agent
- insurance regulators
- reinsurance companies
- consumer-reporting and fraud prevention agencies
- your mortgage or premium finance company
- insurance adjusters

We also may disclose personal information about you to companies that perform marketing services on our behalf or to other financial service providers with which we have joint marketing agreements. If information is disclosed, it will not result in telemarketing or direct mail marketing.

INFORMATION SECURITY

We restrict access to personal information about you to those employees who need access to that information in order to provide products and services to you. We maintain physical, electronic and procedural safeguards to guard your personal information.

A SPECIAL WORD ABOUT OUR INSURANCE INFORMATION PRACTICES

The information in this section applies to you only if you applied for or purchased an insurance product from us for personal, family or household purposes. This section is intended to supplement, but not replace, the other information contained in this Notice of Privacy Practices.

You have the right to access the personal information that we collect about you in connection with your insurance transactions with us. If you believe that any of that information is in error, you have the right to request us to correct it. Send your written request, including your policy number and the information about which you are concerned, to the address listed below.

To receive a more detailed notice regarding our insurance information practices and your information privacy rights, please contact us at the address or phone number given below.

EMAIL COMMUNICATIONS

We will **not** send you an email in which we ask for personal information from you (such as password or Social Security number) or link you to our website to ask you for such information unless we reference a specific transaction or information that you have requested. If you receive an unsolicited or suspicious email from The Cincinnati Insurance Companies, please forward the email to us at privacy@cinfin.com.

INFORMATION WE SHARE WITHIN OUR CORPORATE FAMILY

To serve you, we may share information about our experiences and transactions with you within our family of companies. Such information may include your payment or claims history or the types of insurance coverages you purchase from us.

The following companies comprise the Cincinnati Financial Corporation family of companies:

- Cincinnati Financial Corporation
- The Cincinnati Insurance Company
- The Cincinnati Casualty Company
- The Cincinnati Indemnity Company
- The Cincinnati Life Insurance Company
- CFC Investment Company
- The Cincinnati Specialty Underwriters Insurance Company
- CSU Producer Resources Inc.

This privacy notice applies to and is provided on behalf of all of the companies in the Cincinnati Financial Corporation family of companies with the exception of CFC Investment Company, which is governed by a separate and specific privacy policy.

ONGOING ACCESS TO OUR PRIVACY POLICY

We will provide a notice of our privacy policy annually, as long as you have a continuing customer relationship with us. This policy may change from time to time, but you can always review our current policy by visiting our website at www.cinfin.com or by contacting us at:

The Cincinnati Insurance Companies
Attn: Regulatory & Consumer Relations - Privacy
P.O. Box 145496
Cincinnati, Ohio 45250-5496
Phone: 888-744-2170 (toll free) or 513-603-5992
Email: privacy@cinfin.com