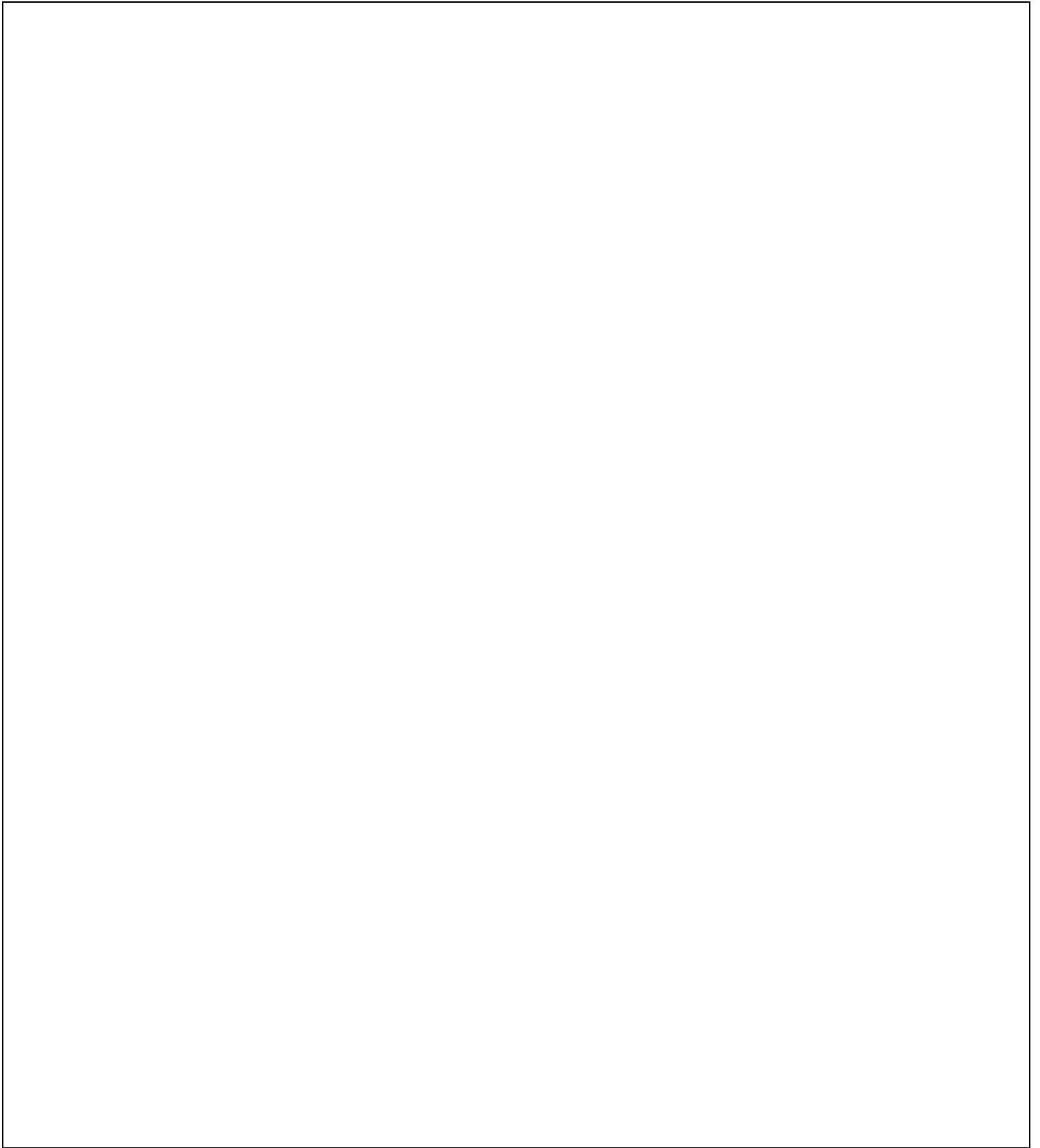


Please complete this form in ink. As a convenient alternative, for Life and Disability coverages, this form can be completed at www.guardiananytime.com/eoi

| | | | | | | | |
|---|--|--|---|--|--------|----------------------------|--|
| Planholder Name (Company Name) Willamette University | | | | Group Plan No. 510968 | | | |
| Complete the following information for each person to be underwritten: | | | | | | | |
| Name (Last, First, Middle Initial) | | | Sex | Birthdate | Height | Weight | Full time Student |
| Employee: | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee Home Address: | | | | Preferred Method of Contact: | | Employee Telephone Number: | |
| Date of Hire: / / | | Cell Phone: | | E-mail Address: | | | |
| Spouse/Domestic Partner: | | | <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate | Height | Weight | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child: | | | <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate | Height | Weight | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child: | | | <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate | Height | Weight | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee's Social Security Number: | | Date of Marriage: / / | | Employee's Place of Birth (State): | | | |
| Employee Amount of Insurance Currently Inforce: | | Spouse/Domestic Partner Amount of Insurance Currently Inforce: | | Child Amount of Insurance Currently Inforce: | | | |
| Employee's Insurance Amount Elected: | | Spouse/Domestic Partner Insurance Amount Elected: | | Child Insurance Amount Elected: | | | |
| Section I: IF APPLYING FOR LIFE INSURANCE, questions 1-4 must be answered by each person applying for coverage. However, if applying for coverage for a child, the Employee must complete questions 1-4 for the child applying for coverage. IF APPLYING FOR DISABILITY INSURANCE, questions 1-5 must only be answered by the Employee. | | | | | | | |
| 1. In the past 10 years, has any proposed insured been treated for or diagnosed as having any of the following: a) any disorder or condition of the heart; liver, kidney(s); lung or respiratory system; b) any disorder or condition of your digestive system including your esophagus, stomach, or intestines; c) any mental, nervous, emotional or neurological disorder or condition; d) auto immune disorder; e) diabetes; f) cancer; or g) a stroke?; | | | | | | Employee | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | Spouse/Domestic Partner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | Child | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. In the past 5 years, has any proposed insured: used any illegal drugs; used prescription medication other than as prescribed; been treated for alcoholism or drug use or dependency; or been advised to seek treatment for alcoholism, drug abuse or drug dependency? | | | | | | Employee | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | Spouse/Domestic Partner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | Child | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has any proposed insured ever tested positive for HIV (Human Immunodeficiency Virus) antibodies? | | | | | | Employee | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | Spouse/Domestic Partner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | Child | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |



I agree that a photocopy of this authorization will be as valid as the original. I agree that this authorization will be valid for two and one half years from the date shown below.

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially, false information, or conceals for purpose of misleading information concerning any fact material hereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the Fraud Warning Statements page below.

The laws of New York require the following statement appear: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

By my signature below,

1. I agree with all of the terms, conditions, statements, and representations stated above in Part I. Representations of the Proposed Insured; and
2. I agree and consent to the Company obtaining and disclosing the information as stated above in Part II. Authorization to Obtain Information (Medical Records and Other Information) and with all other terms and conditions stated therein.

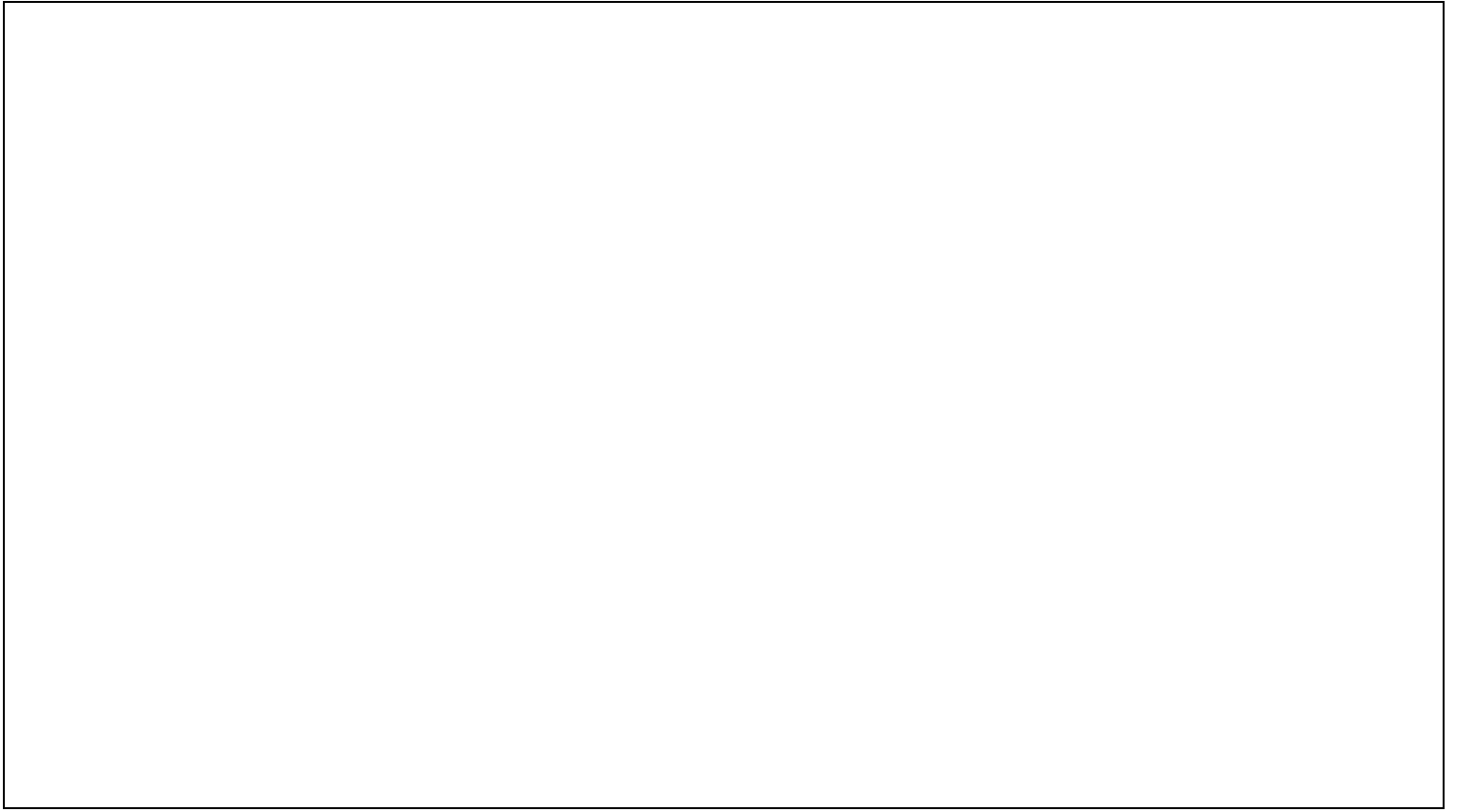
Signature of Employee

Date

Signature of Spouse/Domestic Partner

Date

Please retain a copy for your records and submit this form to Guardian



Fraud Warning Statements

The laws of several states require the following statements to appear on the evidence of insurability form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Kansas, Nebraska, Oregon, and Vermont: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Please retain a copy for your records and submit this form to Guardian