

SLOVAK CATHOLIC SOKOL

A Fraternal Benefit Society

(Herein called the Society)

205 Madison Street

Passaic, New Jersey 07055-5224

(800) 886-7656

Addendum to Application Forms in Ohio

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

1. Does any person named as Primary or Contingent Beneficiary lack an insurable interest in the person to be insured? Insurable interest is defined as a connection by blood of the beneficiary to the insured or an economic connection under which the beneficiary stands to suffer a financial loss due to the death of the 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 _____

B. The Society is licensed to do business in the State of Ohio. 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 insolvency. 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 of the Society.

C. Notice of Information Practices.

The application form will be the major source of information about you used to underwrite your application for insurance. The Society may also: (a) collect or verify information from other sources; and (b) ask a consumer reporting agency to collect information and submit a report to us. Consumer reports are a usual part of the process of evaluating risks for life and health insurance.

You may request in writing to be informed as to whether a consumer report was prepared. The name and address of the reporting agency that prepared any report will be given to you. You may obtain a copy of the report from that agency. If information from a consumer report has an adverse effect on our underwriting decision, the Society will notify you. The Society will also furnish the name and address of the reporting agency. You may discuss the matter with that agency if you wish.

Information regarding your insurability will be treated as confidential. The Society or its reinsurers may, however, make a brief report to the MIB, Inc., formerly known as the Medical Information Bureau. The MIB is a non-profit membership organization of insurance companies. The MIB 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 in its file.

On receipt of a request from you, the MIB will arrange disclosure of any information it has in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the 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 the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

The Society or its reinsurers may also release information in its files 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 the MIB may be obtained on its web site at www.mib.com.

You have the right of access to certain items of information the Society has collected about you. You also have the right to request a correction of any information you feel is inaccurate. In the event of an adverse underwriting decision, the Society will either (a) provide you with the specific reason for the adverse underwriting decision in writing, or (b) advise you that upon written request, you have the right to receive the specific reason in writing.

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 fines and confinement in prison.

If you wish to have a more detailed description of the Society's information practices, send a written request to the Society's Home Office at the address shown above.

PROPOSED INSURED/ANNUITANT/OWNER STATEMENT

I declare that the statements and answers given in this addendum to the application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that this addendum to the application shall be included as part of the basis for and a part of any contract issued by the Slovak Catholic Sokol. I understand that the Slovak Catholic Sokol may disclose information about the person to be insured to the MIB. I have received the Notice of Information Practices; it explains my rights under the Fair Credit Reporting Act as it pertains to consumer reports and the MIB.

Signature of Proposed/Insured/Annuitant/Owner

Date Signed