



Mail this form to: MTL Insurance Company, 1200 Jorie Boulevard, Oak Brook, IL 60523-2269

DO NOT DETACH



MTL Insurance Company
A member of the MTL Financial Group

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Please Print

1200 Jorie Boulevard • Oak Brook, Illinois 60523-2269

Name of person examined _____

Toll Free: 1-800-323-7320

Fee _____

Date examined _____

Name of Agent _____

Name of examiner _____

Soc. Sec. No. _____

Address of examiner _____

STREET AND NUMBER

OFFICE PHONE NUMBER

CITY AND STATE

ZIP

MEDICAL EXAMINER'S REPORT

(Both sides of this form are to be completed by the Medical Examiner)

1. a. Height (in shoes)		Scale Weight (clothed)		Males Only:			9. Details of "Yes" answers. (Identify item.)
ft.	in.	lbs.	Chest (full inspiration)	Chest (forced expiration)	Abdomen, at Umbilicus		
			in.	in.	in.		
b. Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No							
c. Is appearance unhealthy or older than stated? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. Blood Pressure: (If systolic reading over 140 or diastolic over 90, or if Insured is markedly overweight, obtain three readings at intervals.)							
Systolic		Initial Additional Readings					
Diastolic							
(5th Phase)							
3. Pulse:							
At Rest		After Exercise		3 Minutes Later			
Rate							
Irregularities per minute							
4. Heart: Is there any:							
Enlargement		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dyspnea <input type="checkbox"/> Yes <input type="checkbox"/> No			
Murmur(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Edema <input type="checkbox"/> Yes <input type="checkbox"/> No			
(Describe below - if more than one, describe separately.)							
Location		Indicate:		MCL			
Constant <input type="checkbox"/>		Apex by X					
Transient <input type="checkbox"/>		Murmur area by <input type="checkbox"/>					
Transmitted <input type="checkbox"/>		Point of greatest intensity by <input type="checkbox"/>					
Localized <input type="checkbox"/>		Transmission by <input type="checkbox"/>					
Systolic <input type="checkbox"/>		For comment and your impression:					
Presystolic <input type="checkbox"/>							
Diastolic <input type="checkbox"/>							
Soft (Gr. 1-2) <input type="checkbox"/>							
Mod. (Gr. 3-4) <input type="checkbox"/>							
Loud (Gr. 5-6) <input type="checkbox"/>							
After exercise:							
Increased <input type="checkbox"/>							
Absent <input type="checkbox"/>							
Unchanged <input type="checkbox"/>							
Decreased <input type="checkbox"/>							
5. Is there on examination any abnormality of the following:							
(Circle applicable items and give details.)						Yes No	
a. Eyes, ears, nose, mouth, pharynx?.....						<input type="checkbox"/> <input type="checkbox"/>	
(If vision or hearing markedly impaired, indicate degree and correction.)							
b. Skin (include scars); lymph nodes; varicose veins or peripheral arteries?.....						<input type="checkbox"/> <input type="checkbox"/>	
c. Nervous system (include reflexes, gait, paralysis, tremors)?.....						<input type="checkbox"/> <input type="checkbox"/>	
d. Respiratory system?.....						<input type="checkbox"/> <input type="checkbox"/>	
e. Abdomen (include scars)?.....						<input type="checkbox"/> <input type="checkbox"/>	
f. Genitourinary system (include prostate)?.....						<input type="checkbox"/> <input type="checkbox"/>	
g. Endocrine system (include thyroid and breasts)?.....						<input type="checkbox"/> <input type="checkbox"/>	
h. Musculoskeletal system (include spine, joints, amputation, deformities)?.....						<input type="checkbox"/> <input type="checkbox"/>	
6. Are there any hernias? <input type="checkbox"/> Yes <input type="checkbox"/> No							
7. Are you aware of additional medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No (A confidential report may be sent to the Medical Director.)							
8. Have you known Insured previously? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Urinalysis: Specific Gravity	Albumin	Sugar	Send urine specimen if Insured is applying for \$100,000 or more of life insurance, or is (a) hypertensive or has other cardiovascular abnormalities, (b) markedly overweight, or (c) age 60 and over.
Is specimen being sent to Company lab? <input type="checkbox"/> Yes <input type="checkbox"/> No			Send 2 specimens (different days) if albumin, sugar, pus, blood or casts are present, or were found in past.

I have examined the Proposed Insured in private at: ☐ My Office ☐ Proposed Insured's Residence
☐ Proposed Insured's Place of Business ☐ _____

At _____ A.M./P.M. _____ Date _____ M.D.

Medical Examiner



MTL INSURANCE COMPANY™

A member of the **MUTUAL TRUST FINANCIAL GROUP**

1200 Jorie Boulevard • Oak Brook, Illinois 60523-2269

Toll Free: 1-800-323-7320 • www.mutualtrust.com

Texas Notice and Consent for HIV-Related Testing

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood, oral fluid extracted from cheek and gum tissue, or urine for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of three tests will be performed by a licensed laboratory through a medically accepted procedure.

Pre-Testing Considerations

Many public health organizations have recommended that before taking an HIV-related test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

Meaning of Positive Test Result

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

Confidentiality of Test Results

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer or to outside legal counsel who needs such information to effectively represent the Insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person.

Notification of Test Result

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurers as being positive, you will receive written notification of such results from a physician you have designated or, in the absence of such designation, from the Texas Department of State Health Services. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

Name of physician for reporting a possible positive test result:

Address:

In the event the test is positive and you are denied coverage because of that fact and you request the reason for the denial, the insurer may require you to name a physician at that time in order to receive the information.

If the test indicates a positive result, but you do not designate a private physician, the test results will be provided to you by a representative of the Texas Department of State Health Services.

Consent

I have read and I understand this Notice and Consent for HIV-Related Testing. I voluntarily consent to the collection of a sample of blood, oral fluid extracted from cheek and gum tissue, or urine from me, the testing of that sample, and the disclosure of the test results as described above. I have read the information on this form about what a test result means.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

_____ Name of Proposed Insured (Please Print) Parent/Guardian	_____ Signature of Proposed Insured or
_____ Address	_____ Date Signed

**COMPLETE TWO FORMS: ONE MUST BE GIVEN TO THE APPLICANT and
ONE MUST BE FORWARDED TO THE ADMINISTRATIVE OFFICE WITH THE APPLICATION.**