

PROPOSED INSURED				Height	Weight	Telephone No.
Address (No. Street, City, State, Zip Code)				State of Birth	Sex	Home () _____
						Work () _____
Soc. Sec. No.	Date of Birth	Age	Occupation			Length of Current Employment
Beneficiary				Relationship		

POLICY DATA	Renewable and Convertible Term Life Insurance to age 70			<input type="checkbox"/> Additional Benefit Rider ___ units	Premiums Payable
	<input type="checkbox"/> Critical Condition Accelerated Benefit Rider			<input type="checkbox"/> Other Rider	
Face Amount	Premium	Cash Paid with Application	Employee Annual Salary		
\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Bank Draft <input type="checkbox"/> Govt. Allotment <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Other _____	

PERSONS TO BE COVERED UNDER ADDITIONAL BENEFIT RIDER

Spouse	SEX	DATE OF BIRTH	Insured Child	SEX	DATE OF BIRTH
		/ /			/ /
Insured Child		/ /	Insured Child		/ /

NON-MEDICAL (Please furnish Details to all "Yes" answers and your personal physician's name and address even if you answer "No" to all questions).

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you or any family member to be covered ever had, been told you had or been treated for any of the following: (Check all that apply and give details below.) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Cancer, tumor, ulcer, neurological disorder or related disease or disease of the breast or reproductive organs? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Heart attack, angina pectoris, chest pain, stroke, high blood pressure or any other disease of the heart or blood vessels? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Disease of the kidney, urinary bladder, stomach, intestines, liver, gall bladder, lungs or respiratory system, nervous or mental disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Diabetes, chronic hepatitis, leukemia, internal organ transplant, cirrhosis of the liver, or paralysis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been diagnosed or been treated for or been told you will require treatment for a disorder of the Immune System including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition, or had a positive test for the AIDS virus (HIV)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever had or been treated for alcohol or drug abuse or addiction? (If yes, give full details below.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you been hospitalized, consulted a physician, or received treatment for any illness or injury in the past 5 years, other than as stated above? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you smoked cigarettes or used tobacco products in the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you missed more than 5 consecutive days of work due to accident or sickness in the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been declined or rated-up for life or health insurance? (Provide dates and details below.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Within the past 2 years have you been advised to have any diagnostic test, hospitalization, surgical procedure or treatment that has not been done? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you had a parent, brother or sister who prior to age 60 suffered from cancer, diabetes, stroke, heart attack (myocardial infarction), heart disease, kidney disease, or mental illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you currently have any growth, cyst or lump or any new pigmented area of skin that has not been evaluated by a physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Within the past 5 years have you had any symptoms for which future medical assessment is planned, contemplated, or for which you have not yet consulted your physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you currently taking or been advised to take prescription drugs? Indicate drugs and prescribing physician below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you have any existing insurance policies or annuity contracts in force? If yes, Replacement Notice must be completed. |

Question #	DETAILS of "YES" Answers: Please include dates, duration, attending physicians or hospital name, address and phone number.	Provide Personal Physician's Name and Address

Insurance will take effect on the application date however, it is understood that the Company will incur no liability because of this application unless and until it is approved by the Company and the first premium is paid or an authorization for payroll deduction has been signed by the applicant while the health and other conditions affecting the insurability of the Proposed Insured are as described in this application. No change in amount, classification, plan of insurance, age at issue, or benefits will be effective unless agreed to in writing by the Proposed Insured. I hereby acknowledge receipt of the disclosure statement required by the Fair Credit Reporting Act.

I hereby authorize any physician, medical practitioner, hospital, clinic, Health Maintenance Organization, including Mayo, Kaiser Foundation, Veterans Administration, or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institute, or person that has any records or knowledge of me or my family, or our health, medical history or physical condition, to give to Colorado Bankers Life Insurance Company or its reinsurers any such information including psychiatric histories and to testify as to such information.

This authorization is valid for thirty (30) months after the date it was signed. A photostatic copy of this authorization will be as valid as the original.

The statements on this application are true to the best of my (our) knowledge and belief. I (we) understand that this policy will be effective on the date it is issued by the Company.

DATED AT _____ CITY _____ STATE _____ THIS _____ DAY OF _____, 20 _____.

OWNER'S SIGNATURE AND SOCIAL SECURITY NUMBER (If different than Proposed Insured)

PROPOSED INSURED'S SIGNATURE

To the best of my knowledge and belief the insurance applied for herein is not is intended to replace or change any existing life insurance, health insurance or annuity coverage. I asked and correctly recorded all information on this application in the presence of the Proposed Insured.

AGENT'S SIGNATURE

AGENT'S NAME (Printed)

Fraud Warning Notice

The following list represents the legal language used to prosecute fraud in these states.

Arkansas, Louisiana – 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.

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.

District of Columbia, Maine, Virginia, Tennessee – 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, any 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.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both: The absence of such a warning in any application or claim form shall not constitute a defense to a charge of insurance fraud under this section.

Kentucky – Any person who knowingly and with intent to injure, 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.

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

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.

Ohio, Oklahoma – Any person who with intent to defraud or knowing that he 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.

DISCLOSURE STATEMENT

Information regarding your insurability will be treated as confidential. Colorado Bankers Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, 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 in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have 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 Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Colorado Bankers Life Insurance Company, or its reinsurers, may also release information in 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.

As a part of our normal procedure for processing your application for insurance an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors and associates. You are entitled to receive a copy of the investigative report, if any.

Upon written request to the Underwriting Department, further information on the nature and scope of the report will be provided.

Applicant may request to be interviewed in connection with the preparation of the investigative consumer report. Applicant is entitled to receive a copy of the investigative consumer report.

THIS PRE-WRITTEN NOTICE MUST BE DETACHED AND LEFT WITH THE PROPOSED INSURED.

Colorado Bankers Life Insurance Company
5990 Greenwood Plaza Boulevard
Greenwood Village, Colorado 80111
(303) 220-8500

CRITICAL ILLNESS INSURANCE POLICY

PURCHASE DISCLOSURE STATEMENT

I acknowledge and understand that:

- (1) I am applying for a Critical Illness Life Insurance policy from Colorado Bankers Life Insurance Company ("CBL");
- (2) this insurance is a life insurance policy with a critical illness benefit;
- (3) this insurance is not Health Insurance;
- (4) in addition to this Critical Illness policy, I may be applying for other types of insurance at this time; and
- (5) if CBL approves the issuance of the Critical Illness Insurance policy to me, I will receive policy documents within approximately 30 days either mailed to my address given in the application for this policy or delivered to me by the CBL agent.

I also acknowledge and confirm that:

- (1) I have authorized Colorado Banker's Life Insurance Company to debit my financial account to pay the premium due for the Critical Illness policy; and
- (2) I am aware that in order to stop such payments from my financial account for the Critical Illness Insurance policy I must notify Colorado Banker's Life Insurance Company directly, not its agent.

Print Name of Applicant/Owner

Signature of Applicant/Owner

Date

**COLORADO BANKERS LIFE INSURANCE COMPANY
DISCLOSURE OF COVERAGE
CRITICAL CONDITION ACCELERATED BENEFIT RIDER (CCR-398-MD)**

Benefits paid under the Rider may be taxable. If so, you or your Beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the impact of this benefit. Benefits of the Rider are not available if the Policy to which it is attached is not in force. Benefits payable under this Rider will terminate benefits payable under the policy.

Covered Conditions

The following conditions are Covered Conditions. If a condition is not listed in this subsection it is not covered under this Rider.

We will pay 100% of the current Death Benefit of the Policy for the following Covered Conditions:

- (a) Life-Threatening Heart Attack: Death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. The occurrence of this event must require extraordinary medical intervention without which the insured would die or the life span would be dramatically reduced.
- (b) Life-Threatening Stroke: Any acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days. Any acute cerebral accident in the absence of extensive medical treatment must result in a dramatically reduced life span. After a neurological deficit has persisted for at least thirty (30) days, the Eligibility Date will be the initial date of loss. This definition of life-threatening stroke will specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia.
- (c) Life-Threatening Cancer: The manifestation of a malignant tumor (a tumor which is not encapsulated and has properties to infiltrate and cause metastasis) including leukemia and Hodgkin's Disease (except Stage 1 of Hodgkin's Disease). The disease must be supported by histological evidence of malignancy.

Specifically excluded from coverage are the following:

- i. pre-malignant tumors or polyps;
 - ii. cancer in-situ, intraductal non-invasive carcinoma of the breast, carcinoma of the appendix, Stage 1 transitional carcinoma of the urinary bladder;
 - iii. any skin cancers other than melanomas;
 - iv. Stage 1 Hodgkin's disease;
 - v. Cancer which is not life-threatening.
- (d) Major Organ Transplant: The actual undergoing of transplantation of heart, lung, liver or bone marrow, but not as the donor.
 - (e) Renal Failure: End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted or renal transplantation is carried out.
 - (f) Terminal Illness: Advanced or rapidly progressing incurable disabling terminal illness where, based on our investigation, the life expectancy is no greater than twelve months.

There are no administrative expense charges required at any time under the Rider.

This disclosure is only a brief summary of the Rider. It is not the Rider or the Policy contract. The Rider sets forth all your rights and obligations, as well as ours. **PLEASE READ YOUR POLICY CAREFULLY!**

If you have any questions, call us at 1-800-367-7814 or call your agent.

Applicant's Signature

Licensed Agent's Signature

Date



TAX TREATMENT OF ACCELERATED LIVING BENEFIT

Unlike a death benefit, living benefits may be taxable. You should consult with a tax advisor as to the taxability of any living benefits you receive.

COVERAGE REDUCTION AND TERMINATION

Termination of the Life Insurance Policy will terminate the critical illness benefits. The payment of less than a 100% critical illness benefit will reduce the Life Insurance available under the policy by the amount of the benefit and will also reduce the benefits available in the event of critical illness in the future. The premium will be adjusted to reflect the reduction in the policy benefit.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy and rider for the actual terms and conditions that apply. The terms and conditions of the policy and rider will govern in any question about this plan. Policy form series RCT-398. Rider form series CCR-398.

Products and services marketed under the Dearborn National™ brand and the star logo are underwritten and/or provided by Colorado Bankers Life Insurance Company® (Greenwood Village, CO), licensed in 48 states (excluding New York and Vermont), the District of Columbia and Guam.

PROTECT YOUR LIFESTYLE TIMBER RIDGE SERIES®

with critical illness benefits



Dearborn  National™

Dearborn  National™

Strength. Independence. Solutions.

5990 Greenwood Plaza Boulevard
Greenwood Village, Colorado 80111
303.220.8500 ▲ 800.367.7814

www.dearbornnational.com

A 10-year renewable and convertible to age 70 term life insurance policy with a critical condition accelerated benefit rider.

Underwritten by Colorado Bankers Life Insurance Company®

WRK TRS LSP-3MD (01/10)



Today a significant number of people are surviving a critical illness and continuing to live well into old age. Yet the quality of their lives may diminish due to the financial drain from medical and rehabilitation expenses.



The Timber Ridge Series® is designed to pay, as a lump sum, the percentage of your term life insurance benefit when you are first diagnosed with one of the following covered conditions¹:

Cancer (Life Threatening)	100%
Heart Attack	100%
Stroke	100%
Renal Failure	100%
Major Organ Transplant	100%
Terminal Illness	100%

Death from any cause is a 100% benefit.
(Except suicide during the first two years.)

Critical illness benefit payments are for covered conditions diagnosed at least 30 days after the policy effective date (60 days for cancer).

PAYS IN ADDITION TO ANY OTHER INSURANCE YOU HAVE!

Some exclusions and exceptions apply. Benefits may differ or not be available in some states. Your agent will explain the benefits available in your state.

THE TIMBER RIDGE SERIES CAN HELP DO THE JOB OF MANY SEPARATE POLICIES.

- ▲ Mortgage Insurance
- ▲ Business Needs
- ▲ Heart Attack and Stroke
- ▲ Life Insurance
- ▲ Cancer Policy

The Timber Ridge Series combines several benefits into one.

NOT BECAUSE YOU'LL DIE ... BECAUSE YOU'LL SURVIVE®.

Survival Rates are Up! Advanced medical technology is allowing many more people to survive critical illnesses that would have been fatal in the past.

THIS POLICY CAN PROVIDE FUNDS FOR:

- ▲ replacing a paycheck
- ▲ co-pays and deductibles
- ▲ car or truck payments
- ▲ credit card payments
- ▲ lost income of self or spouse
- ▲ non-covered "experimental" treatments
- ▲ home health care needs
- ▲ home & auto modifications
- ▲ groceries & utilities
- ▲ house payment or rent
- ▲ keep your business going
- ▲ maintaining your family's quality of life
- ▲ housekeeping or childcare expenses
- ▲ expenses associated with training for a new profession

¹ Covered conditions are defined in the policy. The actual policy definitions should be consulted and will control.