

YES NO

- 8. Have you had an electrocardiogram or other diagnostic tests completed in the past ten years?
- 9. Have you ever been advised by a member of the medical profession to have any diagnostic tests or procedures which have not been completed as of yet?

"Yes" answers to any of the above questions (1-9) require a complete explanation. Please give the number/letter of the question, reason and date, along with the full name and complete address of each physician and hospital involved. (Use additional paper if more space is needed.)

Question	Reason	Date	Names & Addresses of Physicians/Hospitals

YES NO

- 10. Are you now insured under another Nationwide Life policy or Health certificate?
If yes, Policy/Certificate #: _____
- 11. Have any of your natural parents, brothers or sisters, either living or dead ever suffered from any of the following conditions: diabetes, cancer, high blood pressure, stroke, heart disease, kidney disease, multiple sclerosis, polycystic kidney disease, Huntington's disease, or other inherited disease?

If yes, complete the chart below.

Family Member	Condition	Age at Onset	Age if Living	Age at Death	Cause of Death

It is agreed and understood that:

- (a) the information set forth in this application is correctly recorded, complete and true to the best of my knowledge and belief, and that it forms the basis of my insurance request;
- (b) my coverage will not become effective until the first day of the month following or coinciding with the date approved by the Company;
- (c) the policy together with this application will completely describe the benefits and conditions of the insurance agreement;
- (d) no Agent has authority on behalf of the Company to make or modify any application or to make any promise or representation;
- (e) the policy is incontestable after two years.

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

Signed _____ Date _____
Proposed Insured

AUTHORIZATION TO OBTAIN INFORMATION

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medically related facility, insurance or reinsuring company, the Medical Information Bureau Inc., consumer reporting agency or employer, having information available as to the diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment or any other non-medical information of me to give to NATIONWIDE LIFE INSURANCE COMPANY or its legal representative any and all such information.

I UNDERSTAND the information obtained by use of the Authorization will be used by NATIONWIDE LIFE INSURANCE COMPANY to determine eligibility for benefits. Any information obtained will not be released by NATIONWIDE LIFE INSURANCE COMPANY to any person or organization EXCEPT to reinsuring companies, the Medical Information Bureau Inc., or other persons or organizations performing business or legal services in connection with my application, or as may be otherwise lawfully required or as I may further authorize.

I AGREE that a photographic copy of this Authorization shall be valid as the original.

THIS AUTHORIZATION IS VALID

For the purpose of collecting information in connection with an application for an insurance policy, a reinstatement or a request for change in policy benefits for a period of thirty months from the date the Authorization is signed.

Signed this _____ day of _____ 20 _____
Signed at _____ City _____ State _____
Signed _____
Proposed Insured

AGENT CERTIFICATION

I certify: (1) that the applicant has answered "No" to the question regarding replacement of insurance; and (2) that I have found, to the best of my knowledge and belief, the answer given regarding replacement of insurance is true.

Agent Name _____ Please Print
Agent Phone # _____
Agent Fax # _____
Agent Signature _____ No. _____
RGA (if Applicable) _____ Date ____ / ____ / ____

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NOTICE OF INSURANCE INFORMATION PRACTICES

To provide insurance coverage, we need to obtain health information about you and any other persons proposed for insurance. Some of that information will come from you and some will come from other sources. That information and any subsequent information collected by us may in certain circumstances be disclosed to third parties without your specific authorization.

In certain circumstances, Nationwide Life Insurance Company or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NOTICE TO APPLICANT OF PERSONAL INFORMATION PRACTICES

Personal non-health information may be collected from persons other than you or other individuals proposed for coverage. Any information which we may have or may obtain about you or any other individuals proposed for coverage will be treated as confidential. However, personal or privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties like the California Department of Insurance or our affiliates for claims handling, servicing, underwriting or insurance marketing.

You have the right to see any personal information collected by us and can request correction of any inaccuracies. If you would like a description of our information practices and your rights regarding information we collect, please write us at the following address: Nationwide Health Plans, Attention: Health Customer Services Division, HS-10, 1651 Exposition Blvd., Sacramento, CA 95815.

FAIR CREDIT REPORTING NOTICE

If we use an independent reporting agency for a report, you have the right to be personally interviewed by them. If you wish to be interviewed, please tell us how the agency can contact you and every effort will be made to interview you. Even if you are not interviewed, you have the further right to request that the reporting agency provide you with a copy of the report it makes. Write us at the address shown below and we'll give you the name and address of any agency we have used to prepare a report on you so that you can contact them directly to find out more about that report.

If you want a more detailed explanation of our information practices or a copy of our Nationwide Health Information Privacy Practices Notice, please write to us at: Nationwide Health Plans, Att: HS-60, 1651 Exposition Boulevard, Sacramento, CA 95815

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. Nationwide Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112. Telephone Number: (617) 426-3660

PLEASE DETACH THIS PAGE AND RETAIN FOR YOUR RECORDS.



Nationwide Life Insurance Company



**Nationwide
Health Plans[®]**

Underwritten By Nationwide Life Insurance Company

1651 Exposition Boulevard
Sacramento, CA 95815

www.nationwidehealthplans.com