

CONSENT AND ACKNOWLEDGEMENT FOR USE OF GENETIC TEST RESULTS – OPTIONAL

Effective May 4, 2017, The Empire Life Insurance Company ("Empire Life") cannot collect, use or disclose the results of a genetic test on an individual without the individual's written consent or unless otherwise permitted by law. Use this form if you consent to Empire Life using the results of a genetic test you have had in its assessment of your insurability. This consent is for Empire Life life, critical illness and disability insurance only.

This consent is optional and is not a condition of Empire Life providing or continuing insurance coverage or entering into or continuing a contract for insurance.

Owner first name	Last name	Existing policy/new application number(s)
Life Insured first name	Middle name	Last name

By signing this consent and acknowledgement:

a) I hereby consent to Empire Life receiving and using for the purpose of assessing my insurability under the policy/application identified above, my genetic test results listed below or that are provided to Empire Life under b) below, and I consent to Empire Life disclosing those genetic test results to its employees, contractors, service providers, agents, reinsurers and others who need to know the disclosed genetic test results for the purpose described above. List genetic test results you want Empire Life to use in its assessment of your insurability:

b) I hereby authorize _____ [state name of individual or organization] to provide to Empire Life:

- all of my genetic test results that he/she/it holds
- the results of the following genetic test(s): _____;

c) I understand Empire Life does not require me to undergo any genetic test or to disclose any of my genetic test results as a condition of providing me with insurance coverage or continuing such coverage or entering into or continuing a contract for insurance with me; and

d) I understand I can revoke this consent at any time by writing to Empire Life, but revoking this consent will not affect any actions, decisions, records or communications made in reliance on this consent prior to it being revoked.

Signed at (city and province)	Date (dd/mmm/yy)
Signature of Life Insured X	