



STATEMENT OF HEALTH AND INSURABILITY

(To be completed by Proposed Insured or Additional Insured)

Completed as a condition to the delivery or change of:

Name of Proposed Insured	Policy Number
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1. Since the date of the original application or examination, whichever is earlier, for the above policy, no person to be covered by the policy:

Yes No

A. Has had any change in health (list any exceptions).

B. Has consulted, been examined, or treated by a physician or medical practitioner (list any exceptions).

C. Has made any change in occupation, the use of tobacco or drugs, participation in hazardous sports or flying or been arrested for any reason (list any exceptions).

D. Has made application to another life insurance company (list any exceptions).

2. Have you been declined, postponed or issued a life insurance policy on a modified basis?

Fraud Warning:

WA Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

IT IS DECLARED that all the above statements are complete and true. Unless all questions are truthfully answered No, it is understood that no coverage will take effect until the Health Statement is reviewed and accepted by the company.

PROPOSED INSURED 15 YEARS OR OLDER (Signature)	SIGNED AT (City, State)	DATE
SIGNATURE OF RESIDING PARENT OR LEGAL GUARDIAN (Required for a juvenile age 17 years or younger.)	SIGNATURE OF PROPOSED ADDITIONAL INSURED	
APPLICANT SOCIAL SECURITY NUMBER	SOLICITING INSURANCE PRODUCER (Signature)	
OWNER'S SIGNATURE		