Reset Form

Medical Questions Continuation Sheet

- *Print and use black ink. Any changes must be initialed by the Proposed Life Insured.*

Proposed Life Insured (Life One)

Name First Middle Last

Details for Yes answers to Health Questions

	Question No.	Date (mmm dd yyyy)	Reason and treatment given	Duration of Condition	Name, Address and Telephone Number of Attending Doctor and Hospital
Life One					

Signatures

I have read the statements and answers in this form and they are complete and true to the best of my knowledge and belief. I understand that they shall form part of the application for life insurance for which this medical information was required by The Company.

Signed at City Country This Day of Year

AGENT'S STATEMENT

I certify that I have truly and accurately recorded on this form the information supplied by the Proposed Life Insured.

Signature of Witness/Agent/Registered Representative

x