

**CHILDREN’S TERM INSURANCE SUPPLEMENT TO PART ONE (A) APPLICATION**

1. **Dependents Proposed for Insurance** (List and provide information on all children of the Proposed Insured, including stepchildren and lawfully adopted children, who have not reached their eighteenth birthday. )

Name	Relationship	Birthdate	Age	Height	Weight

2. **Additional Information**

The following questions apply to the dependents listed in Number 1. Give full details to any “Yes” answers in Number 3, identifying name

Yes No

a. Have any of the dependents listed in Number 1 had or been told that they had: chest pain, shortness of breath, or disease or disorder of the heart or blood vessels; cancer or tumor of any kind; epilepsy, mental retardation, mental or nervous disorder, disorder of the brain; diabetes; lung or respiratory disease or disorder; liver, gastric or intestinal disease or disorder; kidney or urinary tract disease or disorder; disease or disorder of the blood (other than HIV) or lymph nodes; or any disease or disorder of the reproductive organs? ..... ( ) ( )

If “Yes”, circle the items that pertain and give full details in #3.

b. Have any of the dependents listed in Number 1 had any birth injury or do you know of any congenital or hereditary abnormality, disease, or trait that may affect the dependent’s present or future health?..... ( ) ( )

c. Have any of the dependents listed in Number 1 been diagnosed by a member of the medical profession as having or been treated for AIDS or HIV infection? ..... ( ) ( )

d. Have any of the dependents listed in Number 1 ever used heroin, cocaine (including crack), LSD, PCP, amphetamines, barbiturates, any derivative of these drugs, or any other controlled substances except as prescribed by a physician or been treated or advised to seek treatment for alcohol or drug use?..... ( ) ( )

e. Are any of the dependents listed in Number 1 currently taking or been advised to take any medication? ..... ( ) ( )

f. At any time during the past five years, has anyone listed in Number 1 been hospitalized or have they consulted, been examined or treated by any other physician, psychiatrist, or medical practitioner not disclosed in response to the previous questions? ..... ( ) ( )

If “Yes”, list all occurrences and provide name(s)/address(es), dates, reasons in #3.

3. DETAILS to “Yes” answers --Questions 2a through 2f. If more space is needed, use an additional application. If the information is medical in nature, include specific diagnosis, treatments, results, dates of onset and recovery, and name(s)/address(es) of all doctors and hospitals.

Question No.

I have read the statements and answers in this Children’s Term Insurance Supplement to Part One (A) application. To the best of my knowledge and belief, the statements and answers are true, complete, and correctly stated. I agree that they shall form part of my application, that they shall be subject to the terms of the Agreement found in the Part One, and that they shall be part of any policy and Dependent Children’s Term Rider based on my application.

Signature of **Proposed Insured** (if minor, signature of legal guardian)

Signature of **Owner/Applicant** (if other than proposed Insured)

X \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_