

# American General

Life Companies

## Supplemental Application for Accident and Health Insurance South Carolina

**American General Life Insurance Company, Houston, TX**

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- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does any person proposed for insurance have a current Medicaid eligibility card? If "Yes," name of person: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the insurance being applied for duplicate any insurance now in force with this or any other company? (If "Yes," Primary Proposed Insured must sign the "Duplication of Insurance Form" AGLC100471.) | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Primary Proposed Insured