



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428
www.LGAmerica.com

Additional Details Supplement to Medical Exam Part II



Supplement to Medical Exam for life insurance on the life of _____
Print Name of Proposed Insured(s)

Question No.	Name of Proposed Insured	Details



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428
www.LGAmerica.com

Additional Details Supplement to Medical Exam Part II

Question No.	Name of Proposed Insured	Details

To the best of my knowledge and belief, the answers recorded herein are true and complete. It is agreed that this Supplement to Medical Exam, a copy of which shall be attached to the policy when issued, shall become a part of the policy.

(Please DO NOT use felt tip pen for signatures.)

Signed at _____ on _____
City State Zip Date (month/day/year)

X _____ X _____
Proposed Insured (or parent or legal guardian if Proposed Insured is a minor) Owner, if other than Proposed Insured

Agent Agent # _____