united american insurance company

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Nursing Home, Hospital Stay, Hospice Care Withdrawal Charge Waiver Request

(where state approved)

In accordance with the contract provision, I request that the withdrawal charge be waived on the attached surrender/withdrawal request as:

	I am currently confined in a Hospital or Nursing Home and have be confined for a combined stay of at least 30 days within a 35-day polynomial Nursing Home means: any state licensed facility that is operated primarily for non-meanintenance and care of the elderly.	eriod.	
	Within the last 60 days, I was discharged from a confinement in a nursing home which involved a combined stay of at least 30 days thirty-five day period. Hospital means: any state licensed medical care facility which provides skilled rephysician care.	within a	
	I am currently enrolled in a Hospice Care Program.		
	I was discharged from a Hospice Care Program within the last 60 Hospice Care Program means: a coordinated program of medical and other health services pr duly licensed hospice.	•	
Facility Name	ne Telephone No		
Annuitant/Annui	nuitant's Spouse Signature Date Attending Physician's Signat	ure Date	

NOTE: Confinement period in the hospital or nursing home or the enrollment in a hospice care program must have totally occurred after the annuity policy was issued.

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