



**DECLARATION OF GOOD HEALTH AND INSURABILITY  
PRIOR TO ACCEPTANCE, OR CHANGE OF,**

**POLICY NO. \_\_\_\_\_**

**IMPORTANT**  
*The declaration must be clearly understood and accomplished before being signed.*

**PROPOSED INSURED \_\_\_\_\_  
APPLICANT \_\_\_\_\_**

I (We), hereby represent that since the date of my (out) original application and medical examination or declare of insurability in lieu of medical examination for the above numbered policy:

- (A) I (We) have NOT had any illness or sustained any injury;
- (B) I (We) have NOT consulted a physician or any practitioner;  
NOR have received advice or treatment from a physician or any practitioner;  
NOR have been confined as patient or inmate of any hospital or institution;
- (C) I (We) have NOT changed my (our) occupation;
- (D) I (We) have NOT made any application for insurance which has been declined, postponed, rated or modified;
- (E) For Women Only: I am NOT pregnant.

THE ONLY EXCEPTIONS ARE: (State "NONE" if there are no exceptions)

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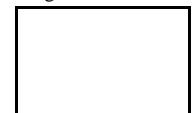
I (We) represent that the foregoing statements and exceptions, if any, are complete and true. I (We) agree that this Declaration of Good Health and Insurability shall form part of my (our) applications for the said Policy; and  
I (We) further agree that if within two years from date of this Declaration, any of the foregoing statements are found to be untrue in any respect, the Company shall have the right to declare null and void and to revoke the above-mentioned policy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Right Thumbmark

Countersigned by Parent if applicant is below 18 years

Proposed Insured



Witness (Soliciting Agent)

UNDG-064-0302-2

Applicant



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