



AGENT'S CERTIFICATION

APPLICANT/PROPOSED INSURED _____

OWNER/PAYOR _____

I hereby certify that, for purposes of issuing the Guaranteed Insurability Endorsement and any top-up application (if applicable) in relation to a previously issued Guaranteed Insurability Endorsement, the Applicant/Proposed Insured is free from all the excluded diseases or impairments stated below and that the Applicant/Proposed Insured, if female, is not pregnant. I understand that the Endorsement or any top-up application should not be issued to an Applicant/Proposed Insured with any of these diseases/impairments:

- a. Heart disease
- b. Uncontrolled hypertension
- c. Cancer
- d. Kidney or Renal Failure
- e. Stroke
- f. Paralysis
- g. Epilepsy or other neurologic disease
- h. Chronic Lung disease
- i. Chronic liver disease
- j. Bowel inflammatory disease (Crohn's Disease, Ulcerative colitis)
- k. Blood Disorders (Aplastic Anemia, thrombocytopenia and moderate to severe forms of anemia)
- l. Bleeding disorders (hemophilia, Von Willebrand's disease, etc.)
- m. Endocrine disorder (uncontrolled/poorly controlled diabetes mellitus, Addison's Disease, Cushing's Syndrome, diabetes insipidus, etc.)
- n. Collagen vascular disease (systemic Lupus Erythematosus, Scleroderma, etc.)
- o. Severe obesity
- p. HIV infection or AIDS
- q. Mental or psychological disorder

Dated at _____ this _____ day of _____, 20_____

Agent's Signature over Printed Name

Agent's Code