



**APPLICATION FOR CHILD RIDER**

**Executive Office:  
1 Senior Life Lane  
Thomasville, GA 31792**

**CHILD INFORMATION**

Child Name:	Relationship to Insured:
Gender:	Date of Birth:

**RIDER INFORMATION**

Rider Amount:
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**HEALTH QUESTIONS**

1. Is the Child currently hospitalized, in a care facility, or terminally ill?.....  YES  NO

2. Has the Child had, been treated for, received medical advice, prescribed medication for, or been diagnosed by a member of the medical profession with complications of diabetes; cancer; any heart, organ, or lung disease; circulatory disorder; cerebral palsy; muscular dystrophy; spina bifida, cystic fibrosis, or tested positive for the presence of Human Immunodeficiency Virus (HIV) antibodies, antigens, or the virus or treated for a licensed medical professional for ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV (Human Immunodeficiency Virus) infection?.....  YES  NO

3. Has the Child used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, been




**ACKNOWLEDGMENT OF APPLICATION**

I have read or have been read all questions and answers, and I affirm that they are true to the best of my knowledge and belief. I understand that for this insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued. I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder and that the agent does not have the authority to waive or modify any question or answer. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**POLICYOWNER, INSURED, & PAYOR MUST SIGN HERE**

			
Policyowner's Signature	Insured's Signature	Payor's Signature	Date

**AGENT'S SIGNATURE**

		
Agent's Signature	Printed Name	License Number