



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:

HEALTH QUESTIONS

1. Is the Child currently hospitalized, in a medical care facility, or been diagnosed as terminally ill by a licensed medical professional?..... YES NO
2. Has the Child had, been treated for, received medical advice, prescribed medication for, or been diagnosed by a licensed member of the medical profession with complications of diabetes; cancer; any heart, organ, or lung disease; circulatory disorder; cerebral palsy; muscular dystrophy; spina bifida, or cystic fibrosis?..... YES NO
3. Has the Child tested positive for or been diagnosed by a physician as having the Human Immunodeficiency Virus (HIV) Infection, or Acquired Immune Deficiency Syndrome (AIDS)?..... YES NO
4. Has the Child used illegal drugs, been treated for drug/alcohol abuse, been advised by a physician to reduce alcohol consumption, been noted to excessively consume alcohol, or been arrested or incarcerated for any reason?..... YES NO

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 and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

POLICYOWNER, INSURED, & PAYOR MUST SIGN HERE

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

AGENT'S SIGNATURE

	_____	_____	_____
	Agent's Signature	Printed Name	Agent's License Number