



**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 care facility, or terminally ill?.....  YES  NO




2. Has the Child had known symptoms of, been medically 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, Human Immunodeficiency Virus (HIV) Infection, or Acquired Immune Deficiency Syndrome (AIDS)?.....  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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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