SENIOR LIFE
INSURANCE COMPANY

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, 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, 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 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