

Section 9 – DEPENDENT INFORMATION FOR CHILD TERM RIDER

Complete this section if the Child Term Rider is selected

Eligible child as listed below means an unmarried child: (a) who is your child or legally adopted child, or is your stepchild; or for whom you have been appointed legal guardian; and (b) is at least 15 days old, and less than 18 years of age as of the date of the application.

List eligible children who qualify below:

Name	Relationship to proposed insured (son, daughter, legally adopted child, stepchild, etc.)	Date of Birth (MM/DD/YYYY)	Gender	Height	Weight
1.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> ft. & in. <input type="checkbox"/> cm.	<input type="checkbox"/> lbs. <input type="checkbox"/> kg.
2.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> ft. & in. <input type="checkbox"/> cm.	<input type="checkbox"/> lbs. <input type="checkbox"/> kg.
3.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> ft. & in. <input type="checkbox"/> cm.	<input type="checkbox"/> lbs. <input type="checkbox"/> kg.
4.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> ft. & in. <input type="checkbox"/> cm.	<input type="checkbox"/> lbs. <input type="checkbox"/> kg.

1. Has any dependent child applying for coverage ever been declined, postponed or rated for life insurance coverage? Yes No
If “Yes” is answered, please provide name of child, name of the company, the date and reason below:

Name of Child	Name of Company	Date	Reason
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QUALIFICATION QUESTION

1. In the **past 12 months**, have any dependent children applying for coverage consulted with a health care professional, undergone a medical exam, diagnostic tests or surgery, or have been diagnosed with or prescribed medications for any of the following health problems: Yes No

- a. Cancer or leukemia?
- b. Congenital heart defects or diabetes?
- c. Cystic fibrosis, Muscular Dystrophy, Downs Syndrome or other developmental disabilities?
- d. Acquired Immune deficiency Syndrome (AIDS)?

If “Yes” is answered, the dependent child is not eligible for coverage.

SUPPLEMENTAL QUESTION

1. Within the **past 2 years** have any dependent children applying for coverage had consultation with a health care professional, had diagnostic tests, surgery, or taken prescription medication for any illness or injury?

If “Yes” is answered, please provide details below.

Name of child	Health Condition	Medication and/or Treatment	Date of Diagnosis (MM/DD/YYYY)	Physician(s) Name and Address