Short Health Statement

Policy # (if known): _____

Florida Version

☐ **American General Life Insurance Company,** 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York,** 28 Liberty Street, 45th Floor, New York, NY 10005-1400

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Proposed Insured

First Name	MI	Last Name	Date of Birth	Social Security #

I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:

1. There have been no changes since the date of the application in my health or in any other condition; and

2. Neither I nor any other proposed insured has, since the date of the application:
   a. Consulted a licensed health care provider or received medical or surgical advice or treatment; or
   b. Acquired any knowledge or belief that any statements made in the application are now inaccurate or incomplete.

Exceptions: _____

_____

_____

_____

_____

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In the event any exception is noted herein, the policy referenced above must not be delivered and will not be in force. The Company reserves the right to receive, review, and act upon this Short Health Statement and any other requirements.

Agent Instructions: If exceptions or changes are noted above, do not deliver the policy and consult with the Home Office.

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

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.

Owner Signature

X

Owner signed on (date)_____

Owner signed at (city, state) _____

Proposed Insured (PI) Signature

X

PI signed on (date) _____

(If under age 16, signature of parent or guardian)