



Statement of Persons Insured under Family Insurance Rider

Family Insurance Rider Attached to Policy No.: _____

Insured Husband: _____ Insured Wife: _____

A. INSURED CHILDREN IN APPLICATION

NAME	DATE OF BIRTH
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY

B. CHILDREN BORN TO INSURED HUSBAND AND INSURED WIFE AFTER THE DATE OF THE APPLICATION FOR FAMILY INSURANCE RIDER

NOTE: THE FOLLOWING INFORMATION IS NEEDED TO ESTABLISH OTHER CHILDREN INSURED UNDER THE FAMILY INSURANCE RIDER.

NAME	DATE OF BIRTH	PLACE OF BIRTH
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	

Is insured wife now pregnant? Yes No If "Yes", expected date of birth: _____

C. CHILDREN LEGALLY ADOPTED BY INSURED HUSBAND AND INSURED WIFE AFTER THE DATE OF APPLICATION FOR THE FAMILY INSURANCE RIDER

NAME	DATE OF BIRTH	DATE OF ADOPTION	COURT ISSUING DECREE OF ADOPTION
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	
	DD / MM / YYYY	DD / MM / YYYY	

I represent that the information given in this statement is true and correctly recorded. I agree this statement shall supplement the application for the Family Insurance Rider.

Signed at _____ on DD / MM / YYYY

 Insured Husband or Wife