

Health Statement for Group Life

A Health Statement, providing evidence of insurability, is required when the person to be insured applies for late enrollment. Provide all of the information requested and return the Health Statement with your Enrollment Form.

1. Information About the Employee

				Date Hired	____/____/____	Soc. Sec. No.	____-____-____
					Mo Day Yr		
_____	_____	_____	_____				
Title	First Name	M.I.	Last Name				
(The Rev., Mr., Ms., etc.)							
Home Address				Mailing Address (if different)			
_____				_____			
Street				Street			
_____				_____			
City		State	Zip	City		State	Zip
_____				_____			
Home Phone		Email					

2. Billing Information

_____			_____	_____	_____
Name of Episcopal Organization			Phone	Email	List Bill ID
_____			_____		
Street			City	State	Zip

3. Information About Those Applying for Insurance. *Effective date of coverage to be completed by Underwriter.*

Employee Birth Date ____/____/____ Weight: ____lbs. Height ____ft. ____in.

Mo Day Yr

Coverage Effective ____/____/____

Mo Day Yr

 Dependents

Full Name	Relationship	Soc. Sec. No.	Birth Date (M/D/Y)	Weight (lbs.)	Height (ft./in.)
(a) _____	_____	____-____-____	____/____/____	_____	_____
(b) _____	_____	____-____-____	____/____/____	_____	_____
(c) _____	_____	____-____-____	____/____/____	_____	_____
Coverage effective date:	Dependent (a)	Dependent (b)	Dependent (c)		
	____/____/____	____/____/____	____/____/____		
	Mo Day Yr	Mo Day Yr	Mo Day Yr		

State Insurance Fraud Notices:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties. This notice does not apply in Virginia.

Arkansas and Louisiana Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Residents

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance Regulatory Services.

DC Residents

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Iowa, Kansas and Nevada Residents

The applicant represents that he/she has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Only a court of law can make a determination of guilt regarding insurance fraud.

Kentucky Residents

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud which is a crime. I have read and understood this notice.

Florida Residents

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.

Maine Residents

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Missouri, West Virginia and Wisconsin Residents

The applicant represents that he/she has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy.

New Jersey Residents

Any person who includes any misleading information on an application for insurance policy is subject to criminal and civil penalties.

New Mexico Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio and Oklahoma Residents

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon Residents

The applicant represents that the applicant has read, or had read to him/her, the completed application and that he/she realizes that any material misrepresentation therein may result in loss of coverage under the policy subject to the incontestability provision and the misstatement of age and sex provision. It may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Only a court of law can make a determination of guilt regarding insurance fraud.