

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)

B. Children born to insured husband and insured wife after the date of the application for the Family Insurance Rider

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

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

Is insured wife now pregnant? Yes No If **“Yes”**, expected date of birth: _____
(DD/MM/YYYY)

C. Children legally adopted by insured husband and insured wife after the date of application for the Family Insurance Rider

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

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



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