CALIFORNIA

APPLICATION FOR INSURANCE * UNITED AMERICAN INSURANCE COMPANY

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Primary	Insu	ure	d					9	SS #				_			_									
First Name																					M.I.				
Last Name																									
Child 4 First Name																					I M.I.I	○ Male	Height (ft. in.)		
Last Name																							Weight (lbs.)		
Age							te of I ı-dd-y] -] -							I, the age seen this		ersonally O Yes	() N	ю
Child 5 First Name																					I MII I	○ Male ○ Female	Height (ft. in.)		
Last Name																							Weight (lbs.)		
Age							te of l ı-dd-y] -] -							l, the age seen this		ersonally O Yes	O N	0
Child 6 First Name																					I M.I.I	○ Male ○ Female	Height (ft. in.)		
Last Name																							Weight (lbs.)		
Age							te of E -dd-y				_] -							I, the age		ersonally O Yes	() N	0
Child 7 First Name																					I MII I	○ Male ○ Female	Height (ft. in.)		_
Last Name																							Weight (lbs.)		
Age							te of E -dd-y				_] -							l, the ager		ersonally Yes	0 N	0
Child 8 First Name																					I M.I.I I	→ Male → Female	Height (ft. in.)		_
Last Name																							Weight (lbs.)		
Λαο						Da	te of E	Birth											1		I, the age	nt, have p	ersonally		

Initials of (Application Continued) Primary Insured

seen this person.

○ Yes

 \bigcirc No

MGAPB(04)-ODF

Age

(mm-dd-yyyy)

	APPLICATION FOR INSURANCE * UNITED AMERICAN INSURANCE COMPANY			ALIFOR	NIA	
	A LEGAL RESERVE STOCK COMPANY * ADMINISTRATIVE OFFICE: MCKINNEY, TEXAS THE ANSWER TO QUESTION 1 IS "YES" THEN CONTINUE. IF THE ANSWER IS O" THE PROPOSED INSURED IS NOT ELIGIBLE FOR COVERAGE.	CHILD 4 YES/NO	CHILD 5 YES/NO	CHILD 6 YES/NO	CHILD 7 YES/NO	CHILD 8 YES/NO
1.	Does each proposed insured have a group Major Medical Policy or other comprehensive health coverage in force(or pending application)? Please list company and policy number and effective date (if available).	00	00	00	00	00
2.	During the past three (3) months, except for minor illness of one (1) week or less or pregnancy, has any illness, injury or health related problem prohibited any proposed insured from working full time at his/her regular occupation?	00	00	00	00	00
3.	In the past five (5) years, has any proposed insured been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	00	00	00	00	00
4.	 To the best of your knowledge, in the past five (5) years, has any proposed insured ever been diagnosed or treated by a member of the medical profession for: a. a disease or disorder of the heart or circulatory system including heart attack or stroke; high blood pressure? b. a disease or disorder of the eye, ear, nose, throat, lung, breast or generative organs? c. a disease or disorder of the rectum, kidney, prostate, stomach, intestine, gall bladder, 	00	00	00	00	00
	urinary bladder, liver or connective tissue, Lupus, collagen disease, pancreas, pituitary or adrenal gland? d. a disease or disorder of the brain (including retardation, dementia or Alzheimer's), mental	00	00	00	00	00
	or nervous system (including seizures or convulsions), back or spine, paralysis or arthritis? e. cancer, tumor, diabetes, anemia or spleen disorder? f. had his/her driver's license suspended or revoked because of a moving violation or been	00	00			
	 arrested for driving under the influence of alcohol or drugs? g. received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption? h. used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug? 	00	00	00	00	00
5.	To the best of your knowledge, in the past five (5) years, has any proposed insured ever been diagnosed or treated by a member of the medical profession or had any treatment or operations or medical tests or surgery that has not yet been performed, or is awaiting medical test results?	00	00	00	00	00
6.	To the best of your knowledge, in the past five (5) years, has any proposed insured ever been diagnosed or treated by a member of the medical profession for: a. Had a cesarean section, miscarriage or serious complications of a previous pregnancy? b. Been hospitalized 3 or more times?	00	00	00	00	00
7.	Has any Proposed Insured flown as other than a passenger on a scheduled airline or participated in skin, scuba, or sky diving, parachuting, ballooning, hang gliding, bungee jumping or organized speed contests?	00	00	00	00	00
8.	Does any proposed insured have any existing (or pending application for) health insurance? If yes, List coverage type	00	00	00	00	00
9.	Will the insurance being applied for replace or change any existing health insurance?	00	00	00	00	00

If any proposed insured answered "Yes" to any of questions 4 - 7, provide details below for each "Yes" answer.

* In column below list "C4" for Child 4, "C5" for Child 5, "C6" for Child 6, "C7" for Child 7 and "C8" for Child 8.

*	Dates	Illness/Injury	Operation?	Name/Address/Telephone of Doctors & Hospitals	Complete Recovery?



