

Health Verification Form

Please submit this form and all related correspondence to:

WEA, Ltd.

1901 Ponce De Leon Blvd.
Coral Gables, FL 33134 USA

Customer Service: +1.305.405.8929

USA Toll Free: +1.800.222.3002

Int'l Toll Free: +1.844.596.2729

Email: app-info@weadirect.com

A. GOOD HEALTH STATEMENT

I

hereby declare that there has been no change in the condition of my health,

or the health of any family member applying for coverage , since the date of my original application. I further declare that since the date of my original application, neither I or any family member listed on the original application, have had any medical treatment for any diagnosed condition not previously disclosed .

B. SIGNATURE

Name Printed

Signature

Date

MM/DD/YYYY