American General
Life Companies

Short Health Statement

☐ **American General Life Insurance Company, Houston, TX**

☐ **The United States Life Insurance Company in the City of New York, New York, NY**

☐ **AIG Life Insurance Company, Wilmington, DE**

Subsidiaries of American International Group, Inc.

In this form, the "Company" refers to the insurance company whose name is checked above.

The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

Proposed Insured	Date of Birth	Policy Number

It is hereby stated that, to the best of my (own) knowledge and belief, the health of the person to be insured on the basis of the application for the above proposed insured has not changed since the date of said application and that all statements made in said application are complete and true as of the date hereof and as noted below.

Exceptions: _____

_____

_____

_____

_____

1. Does proposed insured have a doctor's visit or medical treatment or procedure scheduled in the next 3 months?
   ☐ Yes ☐ No If Yes, provide details including doctor's name and address: _____

_____

Please note the following information is being gathered for future risk evaluation purposes only. The answer you provide will not be used to evaluate your application and subsequent policy.

2. What type of health insurance do you have?
   ☐ HMO ☐ PPO ☐ Major Medical ☐ Medicare ☐ Other Health Insurance _____ ☐ None

In the event any exception is noted herein, the policy will not be in force until the Company approves this Short Health Statement.

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

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.

X _____ _____
Owner Date

X _____ _____
Proposed Insured (If under age 15, signature of parent or guardian) Date