

AFFIDAVIT OF NEXT OF KIN

Policy # _____

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of _____, who died on or about the _____ day of _____, 20____.
2. That the decedent did/ did not leave a surviving spouse.
3. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such an appointment is pending in this state or elsewhere.
4. That this affidavit is made in support of the undersigned's request for the release of medical records.

Further, your affiant sayeth naught.

SIGNATURE: _____

PRINTED NAME: _____

RELATIONSHIP: _____

State of _____

County of _____

SWORN TO AND SUBSCRIBED before me, a Notary Public in and for said COUNTY and STATE,

This _____ day of _____, 20____.

My commission expires: _____

Notary Public

[Affix Seal]

Return to Senior Life Insurance Company, Post Office Box 2447, Thomasville, Georgia 31799-2447



Senior Life Insurance Company
P.O. Box 2447
Thomasville, GA 31799-2447
877-777-8808
www.SeniorLifeInsuranceCompany.com

CALIFORNIA FRAUD ENDORSEMENT

For your protection California law requires the following statement to appear on this form.

“Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

The coverage under the Policy to which this Endorsement is attached remains the same.