



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

PHYSICIAN'S STATEMENT

This information will be used to determine eligibility for insurance and/or administer coverage for benefits under a Senior Life Insurance Company Policy. It is to be completed by the family physician or physician in attendance during the last illness.

PHYSICIAN'S INFORMATION

Doctor's Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

POLICY INFORMATION

Deceased's Name: _____ Date of Birth: _____ Date of Death: _____

INFORMATION REGARDING DEATH OF INSURED

Death was Due to: ☐ Illness ☐ Accident ☐ Homicide ☐ Suicide ☐ Undetermined

Cause of Death (List diagnosis): _____ Was an autopsy performed? ☐ Yes ☐ No

How long did the deceased suffer from the disease, condition, or injury that caused their death?

What other diseases or conditions contributed to the Insured's death?

What date did you first diagnose the conditions contributing to the death? _____ Was the Insured aware of your diagnosis? ☐ Yes ☐ No

Place and Address of Death: _____

PATIENT HISTORY

Date you first treated the Insured? _____ Who referred the Insured to you? _____

Name and Address of Insured's Primary Care Physician: _____

Name of Physician or Hospital that treated the Insured from {00/00/0000 through 00/00/0000}: _____

List diagnoses of any other impairment, disorder, disease, transplant, or chronic illness the Insured was treated for from {00/000000 through 00/00/0000}: _____

Did the Insured use tobacco in any form? ☐ Yes ☐ No If yes, what type and for how long? _____

SIGNATURE



Physician's Signature

Date



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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.