Trinity Life Insurance Company
ADMINISTRATIVE OFFICE: PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 227-7205

SELF HEALTH STATEMENT

Completed as a Condition of Policy Delivery

GENERAL INFORMATION (PLEASE PRINT OR TYPE):

Policy #	***Owner Name***	***Owner's Social Security #***	***Owner's Daytime Phone***
Insured Name	***Owner's Address***		

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

1. That no person to be insured has made an application to another company for life or health insurance which has been issued, declined, postponed, modified or which is pending at the present time; or

2. That no person to be insured has consulted or been examined or treated by a physician or practitioner; or

3. That no person to be insured has had any change in health or insurability as a life or health insurance risk because of any event or circumstance.

If there are any **EXCEPTIONS**, state them below, otherwise state "None":

____
____
____
____
____
____

If any exception(s) is noted, the policy will not be inforce until the Company approved this Self 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 life insurance.

____________________________________ ____________
Owner: Date:

____
Signed at: (city, state)

____________________________________ ____________
Witness: Date:

____________________________________ ____________
Proposed Insured: Date:
(If under age 15, signature of parent or guardian)

Agent: Complete two copies, attach one copy to policy form, return second copy to Administrative Office.

Company Endorsement:

Recording Date: ____________ Initials: __________ Approved By: ______________________________