



# STATEMENT OF HEALTH AND INSURABILITY

### Instructions:

Please complete in full. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 [www.PRCUA.org](http://www.PRCUA.org).

Completed as a condition to the delivery or change of \_\_\_\_\_ which names the insured  
CERTIFICATE NUMBER

\_\_\_\_\_  
FIRST (MI) LAST NAME

Since the date of the original application for the above policy, no person proposed for life insurance:

- ① has made application to another company for life or health insurance (a) which has been issued, declined, postponed, or modified or (b) which is pending at the present time,
- ② has consulted or been examined or treated by a physician or practitioner,
- ③ has changed residence, occupation, or occupational duties, or
- ④ has had any change in health or conditions of insurability as a life insurance risk because of any event or circumstance

If there are any exceptions to any of the above statements, give full details in space provided below.

EXCEPTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
The person named as the insured and the owner (if other than such person) represent that the statements are true and complete and that all exceptions have been stated.

Dated at \_\_\_\_\_ on \_\_\_\_\_  
CITY / STATE DATE

 \_\_\_\_\_  
SIGNATURE OF PERSON NAMED ABOVE

 \_\_\_\_\_  
SIGNATURE OF WITNESS

 \_\_\_\_\_  
SIGNATURE OF OWNER (IF OTHER THAN ABOVE PERSON)

## ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

UNDERWRITING DEPARTMENT  
POLISH ROMAN CATHOLIC UNION OF AMERICA  
984 N MILWAUKEE AVE  
CHICAGO, IL 60642-4101