

# 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
- American General Life Insurance Company of Delaware, Wilmington, DE

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

The insurance 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

First Name	MI	Last Name	Date of Birth	Policy #
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I represent, on behalf of myself and any dependent who may have been proposed for insurance, that to the best of my knowledge and belief:

1. There have been no changes since the date of the application in my health or in any other condition; and
2. Neither I nor any other proposed insured has since the date of the application:
  - a. Consulted a licensed health care provider or received medical or surgical advice or treatment; or
  - b. Acquired any knowledge or belief that any statements made in the application are now inaccurate or incomplete.

Exceptions:

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**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.

Owner Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Signed at (city, state) \_\_\_\_\_

Proposed Insured Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

*(If under age 15, signature of parent or guardian)*