

**AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS**

P.O. Box 2549, Waco, TX 76702-2549

**ADDENDUM TO INDIVIDUAL LIFE INSURANCE APPLICATION**

Application Addendum Forming a Part of my Application for Insurance

**CHILDREN'S INSURANCE AGREEMENT-CIA**

**Primary Proposed Insured Name (Print):** \_\_\_\_\_

**CHILDREN'S COVERAGE ONLY** Children Proposed for Insurance:

Proposed Insured Name	Ht.	Wt.	Sex	Birthdate

**CHILDRENS HEALTH INFORMATION**—To the best of your knowledge and belief, have any of the children listed above for coverage been treated for or told by a medical professional that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down's Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or within the past 12 months been hospitalized for asthma or any respiratory disorder?.....  Yes  No

If answered yes to the CHILDRENS HEALTH INFORMATION, please list the names of the children that your answer applies. **These children are excluded from the Children's Insurance Agreement Rider.**

**Children Excluded for "Yes" answer:** \_\_\_\_\_

**AGREEMENT**—I agree with American-Amicable Life Insurance Company of Texas (the Company) as follows: To the best of my knowledge and belief, all answers and statements contained in this application addendum are true, complete and correctly recorded.

I hereby agree that this amendment shall be an amendment to and form a part of my application for insurance, and be a part of any contract of insurance issued on the basis of such application.

Signed at \_\_\_\_\_ Application Date \_\_\_\_\_  
CITY STATE MONTH DAY YEAR

\_\_\_\_\_  
SIGNATURE OF PRIMARY PROPOSED INSURED

\_\_\_\_\_  
SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

\_\_\_\_\_  
WITNESS-LICENSED AGENT SIGNATURE