

**Child Rider Attachment
New York Version**

The United States Life Insurance Company in the City of New York, New York, NY

The life insurance company ("Company") named above is 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.

1. Primary Proposed Insured

_____ First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security # _____

2. Total number of current children being applied for: _____
(Eligible children include: child, step-child, legally adopted child(ren) of the proposed insured. If more than 3 children to be insured please complete additional Child Rider Attachments and indicate total number of children being insured here.)

3. Child(ren) proposed for coverage under the Children's Insurance Benefit Rider

Child 1	First Name, MI, Last Name	Age	Date of Birth	Social Security #	Sex	Height	Weight
	*Address		*Phone ()		*Email		
Child 2	First Name, MI, Last Name	Age	Date of Birth	Social Security #	Sex	Height	Weight
	*Address		*Phone ()		*Email		
Child 3	First Name, MI, Last Name	Age	Date of Birth	Social Security #	Sex	Height	Weight
	*Address		*Phone ()		*Email		

(*Complete if different from Primary Proposed Insured)

4. Child Rider Beneficiary _____ Relationship to Child(ren) _____ DOB _____ SSN _____
Address _____ Phone () _____ Email _____

Give details to all yes answers in Remarks, including all dates and diagnosis.	Child 1	Child 2	Child 3
5. Has any child proposed for coverage ever been diagnosed as having, been treated for, or consulted a licensed health care provider for Congenital Heart Abnormalities, Heart Disorder, Epilepsy, Cancer, Malignancy, Leukemia, Diabetes, Cystic Fibrosis, Kidney Disease, Brain or Neurological Disorder, Asthma or Lung Disease?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6. Does any child proposed for coverage have any symptoms or does the parent or guardian have any knowledge of any other condition that is not disclosed above?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

7. Remarks (Give details to all yes answers, including physician information, all dates, diagnosis, and/or treatments. Attach an additional sheet of paper if necessary.)

Child 1	
Child 2	
Child 3	

I agree that: (1) I have read the statements and answers contained in this Attachment, or they have been read to me; (2) They are true, and complete to the best of my knowledge and belief; and (3) This Attachment shall be a part of the Application for life insurance for the Primary Proposed Insured listed above. As the Parent or Guardian of the child(ren) proposed for coverage, I agree that I have read the Authorization to Obtain and Disclose Information in Part A or it has been read to me. By signing below, I hereby consent to such authorization for the child(ren) proposed for coverage.

Signature of Owner (same Owner shown on the application)

Date

Signature of Parent or Guardian of any child(ren) proposed for coverage
(If other than Owner or if under age 14 1/2, signature of parent or guardian)

Date