

Field Underwriting Assurance



Please read the following statement and signify agreement with the information provided below by signing and dating the form.

To the best of my knowledge there are no individuals currently being treated for, or who have been diagnosed with, any serious or debilitating illness or injury. If there are any, they are listed below.

Name	Soc. Sec. No.	Age	Insurance Amt.	Nature of Illness

Proposed policyholder _____

SIGNATURE TITLE DATE

Producer _____ Date _____

Assurant Employee Benefits representative _____ Date _____

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.