CICA LIFE
A CITIZENS COMPANY

Good Health Statement

Return completed form to
PHS@citizensinc.com or
Fax: 512.836.9785

*Unless otherwise specified

I hereby certify that each person now insured under this policy is in good health, that each person is not disabled and their health has not changed since the original application, or any amendment thereto, was approved by the Company. I request that the accompanying payment or the payment which was previously submitted be accepted subject to the conditions listed below:

- The amount due and received by the company will not be applied to reinstate this policy until this form is completed and accepted by the Company. The form must be returned to the Company within 20 days from the date of the offer.
- The policy grace period is not extended by this offer and the terms of the policy are not waived.
- The making of this offer does not obligate the Company to make similar offers in the future.

_____
Policy Number

_____ _____
Signature of Insured, or If a Minor, Owner **Date**