



**WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK**

A Legal & General America Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 346-4773

SUPPLEMENT TO THE APPLICATION

Proposed Insured: _____

Policy Number: _____

STATEMENT OF GOOD HEALTH AND CONTINUED INSURABILITY

Declaration of Understanding and Agreement

I/we understand that insurance under the terms of the Policy cannot become effective until all requirements for the delivery of the Policy are fulfilled, including the completion of this Supplement Regarding Good Health and Continued Insurability Application.

Representations

Since the date of the Application Part 1 or Part 2, and except as stated below, has any proposed insured:

1. Consulted, been examined or been treated by a member of the medical profession; or made any appointment for a visit to a medical facility or member of the medical profession? ☐ Yes ☐ No
2. Had any answers or statements contained in Part 1 or Part 2 of the Application or supplements thereto changed since the date of the Application? or ☐ Yes ☐ No
3. Had any life or accident, health or medical service benefit postponed, declined, rated up, ridered, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits? ☐ Yes ☐ No

If the answer to any of the above questions is "Yes", please provide details below:

Additional Information	Date	Name/Address of Care Provider or Treatment Facility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Representation and Agreement

I/we represent that, to the best of my/our knowledge and belief, these statements are complete and true and agree that this Statement and the answers given herewith will be made part of the Policy.

I/we understand and agree that if any of the above representations are answered "Yes", no Policy will be in force and coverage cannot begin unless and until the Company approves this Statement.

Signature of Proposed Insured(s)

Date (MM/DD/YYYY)

Signature of Owner (if other than Proposed Insured)

Include title if signing for business
or trust

Date (MM/DD/YYYY)