

I agree that the insurance company shall not be held to admit validity of any claim or waive the breach of any condition of the policy by furnishing this blank and investigating this claim.

Dated at _____

X _____
(Beneficiary sign here)

On _____, 2_____

The signature of the beneficiary must be witnessed, in the space provided below, by a notary public or attorney at law.

(Witness to Signature of Beneficiary)

(Title)

Given under my hand and seal of office this _____ day of _____, 2_____

(Personalized seal)

Notary Public or Attorney at Law

Print name of Notary Public here

My commission expires the _____ day of _____, 2_____

INSTRUCTIONS

1. The Company reserves the right to obtain further information should it be deemed necessary.
2. When benefits are payable to the estate of the insured, the Benefit Application must be executed by the executor or administrator and a certificate from proper court indicating the appointment must be furnished.
3. When benefits are payable to a minor, the Benefit Application must be executed by a guardian and a certificate from proper court indicating the appointment must be furnished.
4. When there is no attending physician, a certified copy of the verdict or finding of the coroner or other investigating official is required.
5. If coverage is through a rental car agency, attach a legible copy of the rental agreement.

MAIL ALL NECESSARY DOCUMENTATION TO:



HSR Plaza II
4100 Medical Parkway
Carrollton, Texas 75007
Toll Free (800) 328-1114