



8. When do you expect to return to work? \_\_\_\_\_

9. If you were able to perform your regular duties, could you do light clerical or shop work, light housework, light outdoor work, chores, etc.? \_\_\_\_\_

10. Do you have any claim because of your illness or injury against any person or Company? Give names and their addresses :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note : Please use other paper for additional information which would help us evaluate your claim.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
INSURED

\_\_\_\_\_  
Address of Witness

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ by the above claimant who exhibited to me his/her Res. Cert. No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Doc. No.: \_\_\_\_\_  
Page No.: \_\_\_\_\_  
Book. No.: \_\_\_\_\_  
Series of: \_\_\_\_\_

Until December 31, 20 \_\_\_\_\_  
Issued at: \_\_\_\_\_  
On: \_\_\_\_\_

**INSURED'S AUTHORIZATION**

I hereby authorize any physician or other person or any hospital, sanitarium or institution to furnish Fortune Life Insurance Co., Inc. any information that may be required concerning my illness or disability.

This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
INSURED

**ANTI FRAUD WARNING / PAALALA:**  
"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."