



INTERNATIONAL MEDICAL GROUP®, Inc.
STATEMENT OF HEALTH FORM

Insured Name: _____ Certificate Number: _____

I, the undersigned, do hereby certify that my health has not changed since the date of signature on my Global Medical Insurance® Application. In addition, I have no treatment plans or pending medical conditions at this time. I am currently in good health, and the above statement is true and correct to the best of my knowledge.

Signature of Applicant

_____/_____/_____
MONTH DAY YEAR
Date of Signature

Applicant Name (Print)