

**STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
HEALTH HISTORY SUPPLEMENTAL FORM**

INSTRUCTIONS: Provide complete details to any question marked "Yes" in the Evidence of Insurability section in the space provided below. We may need to request additional information regarding your health history from you or your attending physician. Attach as many of these Health History Supplemental Forms as necessary to provide complete information.

Question #	Person's Name	Condition(s) & Treatment	Date of Onset and Last Office Visit Mo./Yr.	Recovery Date Mo./Yr.	Complete Names and Addresses of Physicians & Hospitals

LAST PHYSICIAN SEEN

INSTRUCTIONS: List your healthcare providers for the past 7 years in the space provided below.

Physician's Name	Address	Condition(s) & Treatment	Phone	Dates visited

MEDICATIONS CURRENTLY PRESCRIBED OR BEING USED

INSTRUCTIONS: List all medications prescribed or taken by you or your dependents currently and in the past 12 months.

Person's Name	Medications	Frequency & Dosage	Length of time on medication	Date medication was last taken	Complete Names and Addresses of Physicians

Complete and submit this form with the Standard Security Life Insurance Company Application for Insurance.