

Critical Illness Waiver Acknowledgment Consent Form

Full Name:

Date of Birth:

Policy/Reference Number:

Acknowledgment

I hereby acknowledge that I have been informed about, understand, and agree to the terms, eligibility criteria, exclusions, and conditions of the Critical Illness Waiver associated with my policy. I confirm that I have had the opportunity to ask questions and have received satisfactory answers.

Consent

I consent to the terms of the Critical Illness Waiver and authorize the processing of my information for this purpose.

Signature of Policyholder

Date

Please retain a copy of this form for your records.