

Parental Consent for Dependent's Critical Illness Policy

Dependent's Full Name: _____
Dependent's Date of Birth: _____
Policy Number (if applicable): _____

Parent or Legal Guardian Information

Full Name: _____
Relationship to Dependent: _____
Contact Number: _____
Address: _____

Consent Declaration

I, the undersigned, hereby declare that I am the parent or legal guardian of the above-named dependent. I give my full consent for the issuance and maintenance of the Critical Illness Policy for my dependent. I confirm that the information provided is accurate and complete to the best of my knowledge, and I agree to abide by the terms and conditions of the policy.

Parent/Legal Guardian Signature: _____
Date: _____