

Spousal Consent Form for Critical Illness Coverage

Applicant Information

Full Name of Applicant

Date of Birth

Policy Number

Spouse Information

Full Name of Spouse

Date of Birth

Declaration and Consent

I, the undersigned spouse, hereby declare that I am aware of and consent to the application for Critical Illness Insurance coverage by my spouse as stated above. I understand the terms and conditions regarding this insurance and agree that my consent is required for such coverage as per applicable regulations.

Signature of Spouse

Date

Signature of Witness

Name of Witness

Date