

Please complete this form only if instructed by East Coast Underwriters
Only complete section 1 OR 2.

Dear East Coast Underwriters,

1. I have verified with each employee and no member has had changes in health status since the Individual Medical Questionnaires were completed.

Initial _____ **Date** _____

2. The following employees have had changes in health status since the Individual Medical Questionnaires were completed

Name _____

What has Changed? _____

Name _____

What has Changed? _____

Name _____

What has Changed? _____

If additional employees need to be listed please use the blank side of this form

I certify that the above information is correct. Any person who knowingly presents false or fraudulent application for coverage may be subject to rescission of coverage or other penalties.

Sincerely,

Name _____

Company _____

Title _____

Signature _____

Date _____