

American Income Life Insurance Company

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www.aillife.com

CHILD COVERAGE QUESTIONNAIRE

Name _____ Application # _____

PART A: GRANDPARENT APPLICATION - Where Does Child Live

1. Where/with whom does the child live? _____
2. If 1. is other than a parent, does the person with whom the child lives have custody of the child through Adoption, Guardianship, or some other form of custody? (CIRCLE ONE and provide an explanation if custody is "some other form"). _____

3. If 1. is a parent, list the name, address, and telephone number of the parent below:
Parent's Name _____
Address _____
City, State, Zip _____
Telephone _____

PART B: PARENT APPLICATION - Coverage on Other Family Members

1. Amount of Life Insurance coverage on the parents?

Father \$ _____ Mother \$ _____

2. List all children, showing their age and life insurance coverage, if any.

Name	Age	Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. If all children do not have life insurance coverage, or are not applying for coverage, why is coverage being applied for on this child only? _____

X _____
(Applicant's Signature)

Date _____

X _____
(Agent's Signature)

