



Spaces below to be filled out by Company

Disability Claim No. \_\_\_\_\_

**THE UNITED STATES LIFE**  
Insurance Company  
An American General Company

**STATEMENT No. 1**

Pol. No. \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date Received \_\_\_\_\_

Approved or Recommendation \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
President

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Secretary

### NOTICE

In furnishing this blank the Company does not thereby admit that there is any policy in force in the Company covering the person claiming to be disabled, and the Company expressly reserves all its rights and defenses.

There is no need to employ any person to help collect any sums rightly due under the insurance policies of The United States Life Insurance Company, nor need any one incur any expense for this purpose except to pay the customary charges or fees required to complete the several forms or statements set forth in the following instructions.

The statements are to be furnished without expense to the Company. The statements usually required are as follows:

**STATEMENT No. 1: Claimant's Statement:** To be made by the Insured under the policy. If the Insured be a minor, a statement may be required from such minor's guardian. If the Insured be incompetent, the statement is to be made by the Insured's Guardian or Trustee, with changes assumed to be made in the question such as to apply to the Insured, a certified copy of the appointment and authority of such Guardian or Trustee must be furnished.

**STATEMENT No. 2: Attending Physician's Statement:** To be made by each physician who attended the Insured in connection with the illness or disability for which the Insured is making claim. For this purpose the Company will furnish as many forms of Statement No. 2 as are needed.

**STATEMENT No. 3A: Employer's Statement:** To be made by Insured's Employer. If the Insured was employed by an association, company, corporation, etc., this statement should be made by an officer of such concern; preferably by the officer under whom the Insured was employed.

**STATEMENT No 3B: Business Associate's Statement:** To be supplied in place of Statement 3A if the insured was not the employee of some other person, firm, company, etc., or if he was one of the senior officers of some concern. It may also be required under some circumstances even though Statement 3A be furnished. This statement should be made by a close business associate of the Insured, such as a partner, brother officer, chief employee or chief subordinate, etc., or in the absence of any such connections by some person who has had considerable business dealings with the Insured.

The statements should be sworn to before officers authorized by law to administer oaths. If sworn to before an officer not using an official seal, his authority and the genuineness of his signature must be attested by the proper Clerk under the seal of his office.

Every question should be distinctly and fully answered.

The Company reserves the right to obtain further information should it be deemed necessary.