



EQUITABLE

Name of Proposed Insured \_\_\_\_\_ Insured Date of Birth \_\_\_\_\_ Policy No. (If known) \_\_\_\_\_

## Language Barrier Statement for Examiner to Complete (Paramedical or Medical)

*In the case of the Paramedical or Medical Exam, the Examiner must be fluent in both English and the language of the Proposed Insured. If the Examiner is not fluent in the language of the Proposed Insured, a family member may act as the bilingual third party translator for the paramedical questions provided he/she is a disinterested party to the contract. The Examiner or disinterested third party translator should submit the following statement over his/her signature:*

I am fluent in the language of the Proposed Insured. I have read all of the questions and answers herein to the Proposed Insured who has stated to me that he (she) understands them and the answers herein are true and complete.

\_\_\_\_\_  
**Examiner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Translator's Signature**

\_\_\_\_\_  
**Date**

**Translator's Occupation:** \_\_\_\_\_

**Translator's Relationship to the Proposed Insured:** \_\_\_\_\_