

Interpreter's Statement

Date: _____
Date of Examination

I am not related to nor do I have any relationship with the proposed insured,

_____ (print name of client)

I am not related to nor do I have any relationship with the producer listed below who solicited the business

_____ (print name of producer)

The above stated proposed insured fully understood the questions that I translated from the Medical Examiner and responded appropriately. I then provided the Medical Examiner with the proposed insured's response for each question.

Signature of Proposed Insured

Date

Name of Interpreter (Please Print)

Signature of Interpreter

Social Security #

Name of Medical Examiner (Please Print)

Signature of Medical Examiner