FIDELITYLIFE
Established 1896

Fidelity Life Association
Administrative Office:
17 Church Street
PO Box 506
Keene, NH 03431
Tel: (877) 352-3303

Parental Consent to Insurance

An application for life insurance has been submitted to Fidelity Life on your child(ren)'s behalf. In order to process the application we must receive your written consent to insure your child(ren). Please read and complete the information below.

I, the undersigned, hereby certify that I am the parent or legal guardian of said dependent child(ren) listed in the application for life insurance. I hereby consent to the application for life insurance on my eligible dependent child(ren) and) I understand that all eligible dependent child(ren) will be covered equally. If the application is approved for coverage by Fidelity Life, I will be the owner and beneficiary of the policy on the life of my child(ren).

All statements and answers as they pertain to my child(ren) are true and complete to the best of my knowledge. My signature below indicates that I have read, understand, and agree to all statements on this form.

Child(ren) Names:

_____

_____

_____
Printed Name of Parent or Legal Guardian

_____ _____
Signature of Parent or Legal Guardian **Date**

Mail completed form to:

Fidelity Life Association
Administrative Office:
17 Church Street
PO Box 506
Keene, NH 03431

Employee Name:_____

Employee Identifier :_____