

Mail Completed Form To:
Combined Insurance Company of America
P.O. Box 506
17 Church Street
Keene, NH 03431-0506



Parental Consent to Insurance

An application for life insurance has been submitted to Combined Insurance Company of America 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 Combined Insurance.

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:
Combined Insurance Company of America
Administrative Office:
17 Church Street
PO Box 506
Keene, NH 03431

Employee Name: _____

Employee Identifier : _____

Administrative Office
Combined Insurance Company of America
P.O. Box 506
17 Church Street
Keene, NH 03431-0506