

... G, B ... D, ... 2 1 0

t,

7312 -01 0





STATEMENT OF INSURED *To be completed by Employee*

r(t,f t, t)		t f t r / /
t r / /		t r
r(. . . t t, t)		
T	()r	r
r		
t t()r		

... G, B ... D, ... 2 1 0

t,

7312 -01 0



STATEMENT OF ATTENDING PHYSICIAN

PERMANENT PARALYSIS DUE TO A COVERED ACCIDENT

t t t f 0 t	t	t j t t	t	t f
t t	t t	r r		
t t t f t	t	t r / /		
t t t	r			
t t t f t t t f	t	f t t r / /		

PHYSICIAN INFORMATION

tt	' &T t r(t)	t r
r		r
r(. . t t, t, t t)		
t (tt)r		t r
t r / /		

SECTION 4 -

AMERICAN FIDELITY

a different opinion

AMERICAN FIDELITY GROUP, INC. 2100 ... t, 7312 -01 0
American Fidelity Assurance Company 1-800- 2-1113 | 1-800-818-34 3
