

# INSTRUCTIONS

FOR THE STATEMENT OF HEALTH FORM AND THE AUTHORIZATION FORM THAT FOLLOW THIS SECTION

INSTRUCTIONS TO THE RECORDKEEPER (The Recordkeeper may be the Group Customer, a Third Party Administrator or MetLife.)

1. Fill in the Group Customer information and Insurance Information on the Statement of Health form.
2. Give the forms to the Employee.

INSTRUCTIONS TO THE EMPLOYEE (The Employee is the

# MetLife

Metropolitan Life Insurance Company, New York,

## STATEMENT OF HEALTH FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)			
Name of Group Customer/Employer/Association Board of Regents of the University System of Georgia	Group Customer # 307601	Reporting Location 15468	
Street Address 270 Washington Street SW	City Atlanta	State GA	Zip Code 30334

## INSUR

# HEALTH INFORMATION

## SECTION 1

Please complete all questions below. Omitted information will cause delays. In this section, "you" and "your" refers to the person for whom insurance is being purchased.

Personal Physician Information	
3 H U V R Q D O 3 K \ V L F L D Q 1 V 1 D P H	
Address (Street, City, State, Zip Code):	Telephone: ( ) ±
Date of last visit (MM/DD/YYYY): /	Reason for visit:

Prescription Information	
Are you currently taking any prescribed medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the medications.
Medication:	Condition/Diagnosis:
3 U H V F U L E L Q J 3 K \ V L F L D Q 1 V 1 D P H	



## DECLARATIONS AND SIGNATURES

By signing below, I acknowledge:

