



**Eagle Life Insurance Company®**  
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# Terminal Illness Verification Form

## SECTION 1 - OWNER INFORMATION

Full Name:	
Contract Number:	Annuitant Name (if different than owner):
Date of Birth:	Social Security Number (last four digits):

## SECTION 2 - PHYSICIAN INSTRUCTIONS

**To the Physician:** Your patient is requesting a withdrawal from his/her annuity contract under the Terminal Illness Rider. To assist us in determining eligibility for these benefits, we require a statement from you. **Please review, complete and sign this form. We also require supporting clinical, radiological or laboratory evidence of the condition to be submitted along with this form.** If the contract owner and annuitant listed above are not the same person, then your patient is the annuitant.

## SECTION 3 - QUALIFYING CONDITION INFORMATION

A terminal illness is defined as any disease or medical condition that a qualified physician expects will result in death within one year.

Original date of diagnosis: \_\_\_\_\_

Diagnosed illness: \_\_\_\_\_

## SECTION 4 - PHYSICIAN'S CONFIRMATION

**Under penalties of perjury, I certify that:**

1. The above-listed contract owner or annuitant is my patient.
2. The information provided in this statement is accurate.
3. It is my medical opinion that the patient has been diagnosed with a terminal illness that will result in death within one year.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Facility/Hospital Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE**