corebridge financial

The Variable Annuity Life Insurance Company (VALIC)
The United States Life Insurance Company in the City of New York (USL)

Terminal Illness Rider Claimant Statement

To be completed by physician

1. PATIENT INFORMATION

Name of Patient: _____

Contract Number: _____ Social Security Number: _____

2. TREATMENT INFORMATION

Nature of patient's illness(es): _____

_____

_____

_____

_____

Life Expectancy (Select only one option):

- ☐ One year or less
- ☐ One year or greater

Prognosis of illness: _____

_____

_____

Name of physician who diagnosed illness: _____

Address: _____ Phone Number: (_____)_____

City: _____

State: _____ ZIP:_____

Dates of diagnosis: _____

3. SIGNATURES

_____ _____
Signature of Dr/RN/Director Date

_____ _____
Name of Dr/RN/Director Title and/or Professional Designation

SIGNATURE MUST BE NOTARIZED: _____
Notary Signature and Seal

Please send completed forms to:

Retirement Services Center
P.O. Box 15648
Amarillo, TX 79105-5648