



Questions? Call our Service Center at 1-800-888-2461.

Instructions

Please type or print in black ink. Please complete the appropriate section of this form, have your physician complete and sign the Physician's Signature Section and return to First Security Benefit Life Insurance and Annuity Company of New York. See respective definitions and procedures.

IMPORTANT NOTE: This form must accompany each withdrawal requested under the Surrender Charge Waiver Option.

For the purposes of the Surrender Charge Waiver Form, the following definition shall apply:

A "qualified skilled nursing facility" is a facility licensed by the state to provide convalescent or chronic care for inpatients on a daily basis who, by reason of illness or infirmity are unable to properly care for themselves.

1. Provide General Account Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Owner Social Security Number/Tax I.D. Number _____ Owner Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

☐ Single ☐ Married (please check one)

2. Provide Nursing Home Certification

I hereby certify that I have been confined to a "Qualified Skilled Nursing Facility" for a minimum of the last 90 consecutive days, that I am still confined and such confinement began after the date my Contract was issued to me.

X _____
Signature of Owner Date (mm/dd/yyyy)

Name of Nursing Home _____

Mailing Address _____
Street Address City State Zip Code

Date of Entry to Nursing Home _____
(mm/dd/yyyy)

Expected Period of Confinement _____

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3. Provide Physician's Statement

I, _____
Physician's Name
a duly licensed physician, hereby certify that

Owner's Name _____
First MI Last

Please Check

- ☐ is confined to a qualified nursing home facility; and
☐ such confinement is a medical necessity due to illness or infirmity.

Date _____
(mm/dd/yyyy)

X _____
Signature of Physician Date (mm/dd/yyyy)

Physician's Name _____
First MI Last

Address of Physician _____
Street Address City State Zip Code

Physician's Phone Number _____

Additional Comments: _____

Use the convenience of our Quick Response Line by dialing 800.355.4565

Mail to: First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

P.O. Box 750497 | Topeka, Kansas 66675-0497

Fax to: 785.438.5177

Visit us online at FSBL.com