INSTRUCTIONS

FOR THISTATEMENT OF HEALFORM AND THAE THORIZATION THAT FOLLOW THIS SECTION

INSTRUCTIONS TO THE RECORDKETTRECORD

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

INSTRUCTIONS TO THE EMPLOTHEE mployee is the

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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 the University System of Georgia			Customer #	Reporting Location 15468	
Street Address	City		State	Zip Code	
270 Washington Street SW	Atlanta		GA	30334	

INSUR

GEF02-1 ADM

GEF09-1 HEA	
	Please complete all sections of this form. Incomplete forms will be returned to you.

Personal Physician Information			
3HUVRQDO 3K <u>\VLFLDQ¶V 1DPH</u>			
Address (Street, City, State, Zip Code):		_ Telephon <u>e:</u>) ±
Date of last visit (MM/DD/YYYY): /	Reason for visit:		
Prescription Information			
Are you currently taking any prescribed medicationes? No	If yes, list the medication	ons.	
Medication:	Condition/Diagnosis:		
311HVEIII ELO I 3K\VI ELDO¶V 1DDH			

GEF09-1 HEA

GEF09-1				
GEF09-1 FW	Diagon complete all continue of the	form Incomplete forms will be as	turned to ver	
	Please complete all sections of this	s ronn, incomplete forms will be re	ium c u io you.	

DECLARATIONS AN	ND SIGNATURES
By signing below, I acknow	
GEF09-1 DEC	
	Please complete all sections of this form. Incomplete forms will be returned to you.