



Medical Records Statement

(This statement shall only be completed by the person whose health information records are being reviewed)

AVS makes every effort possible to generate an accurate Life Expectancy. It is our policy to require a history of medical records including at least the year prior to the Life Expectancy evaluation. It is in the insured's best interest to obtain all records. We understand there are rare cases where you may not need to be seen by a physician in the prior year.

I, _____, have not been to a doctor's office or been seen by any doctor concerning any of my health issues since _____. I understand AVS will evaluate my case and determine if a life expectancy can be calculated, but the completion of this form does not guarantee that a life expectancy can be calculated. I also understand that without current medical records, AVS will not be able to issue the most comprehensive and timely life expectancy report.

By signing this statement, I am verifying that I have not visited a physician, clinic, hospital or other health care delivery facility that generates health information records, since the above date. I understand that if it is determined that health information records are in fact in existence for the time period above stated, that AVS may refuse to issue any further life expectancies on my life.

I have read and understand this document.

Applicant's Name

Date