

# INSTRUCTIONS

FOR THE STATEMENT OF HEALTH FORM AND THE AUTHORIZATION FORM THAT FOLLOW THIS SECTION

**INSTRUCTIONS TO THE RECORDKEEPER** (The Recordkeeper may be the Group Customer, a Third Party Administrator or MetLife.)

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

**INSTRUCTIONS TO THE EMPLOYEE** The Employee is the



Metropolitan Life Insurance Company, New York,

## STATEMENT OF HEALTH FORM

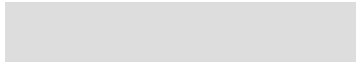
GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)			
Name of Group Customer/Employer/Association Board of Regents of the University System of Georgia		Group Customer # 307601	Reporting Location 15468
Street Address 270 Washington Street SW	City Atlanta	State GA	Zip Code 30334

## INSUR



Personal Physician Information	
3 H U V R Q D O 3 K \ V L F L D Q 1 V 1 D P H	
Address (Street, City, State, Zip Code):	Telephone: ( ) ±
Date of last visit (MM/DD/YYYY): /	Reason for visit:

Prescription Information	
Are you currently taking any prescribed medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the medications.
Medication: 3 U H V F U L E L Q J 3 K \ V L F L D Q 1 V 1 D P H	Condition/Diagnosis:



## DECLARATIONS AND SIGNATURES

By signing below, I acknowledge:

