

AFFIDAVIT AND INDEMNITY AGREEMENT

STATE OF _____)
) SS.
COUNTY OF _____)

_____, and _____
(hereinafter called "Deponents"), being duly sworn, depose and say:

1. That Deponents, whose mailing addresses are:

_____; and
_____;

are over the age of 21 years and are of sound mind.

2. That _____ is deceased and a certified copy of
(Name of Insured)
his/her death certificate is attached hereto:

3. That Prior to and on the date of the aforesaid deceased, Deponents were (please list
relationship to the above named Insured) _____ of the
deceased.

4. That by reason of Deponents' statuses as (please list relationship to the above named
Insured) _____ and because of the death of the
aforesaid deceased, Deponents have become and are sole, legal, equitable and
unrestricted heirs to the deceased's estate, that estate including insurance policy/agent
number _____, issued by _____ since taken over by Senior Health
Insurance Company of Pennsylvania (hereinafter called "Company") insuring the
aforesaid deceased.

5. That at this time, there is no other pending rightful claim or disposition of the
ownership of said insurance policy, nor has been or can be made, under any will or
other testamentary document or expression of the aforesaid deceased, or under any
applicable laws of interstate succession, or under any community or marital property
laws, or otherwise.

6. That no person, firm, or corporation, other than Deponents, has any right, title, claim,
equity or interest in, to or respecting: (a) the ownership of the aforesaid insurance
policy or (b) the deceased's estate.

7. That this affidavit is made and given for the express purpose of inducing Company to
rely and act on the statements of Deponents herein and to recognize and deal with

Deponents as the sole, legal, equitable and unrestricted heirs to the deceased's estate, and as such, are entitled to policy rights as heirs of the now deceased owner of the insurance policy.

- 8. Deponents agree at all times: To indemnify and save harmless Company, its affiliates, officers, agents, employees, and their successors and assigns from and against any and all claims, actions and lawsuits, whether groundless or otherwise, and from and against any and all liabilities, losses, damages, judgments, costs, charges counsel fees and other expenses of every nature and character arising out of or by reason of the reliance of Company on the statements of Deponents herein and its recognition and dealing with Deponents as the sole, legal, equitable and unrestricted heirs to the deceased's estate, including the deceased's ownership of the aforesaid insurance policy.

IN WITNESS WHEREOF, Deponent has executed this instrument on this _____ day of _____ 20____ and being duly sworn, deposes and says that the facts and statements set forth in the foregoing are true to the best of her knowledge, information and belief.

Signature

Printed Name

Relationship of Deceased

STATE OF _____)
_____) **SS.**
COUNTY OF _____)

Before me, _____, in and for this state, on this _____ day of _____, 20____ personally appeared _____, to me known to be the identical person who executed the within and forgoing instrument, and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

My Commission Expires:

County of Residence