



Please submit this form and all related correspondent to:



Int'l Healthcare Administrators, Inc.
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Coral Gables, FL 33146 USA

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Phone 1 (404) 591-2872
Fax 1 (305) 443-9671
Email app-info@weadirect.com

I, hereby declare
that there has been no change in the condition of my health, or the health of any family member applying for
coverage, since the date of my original application. I further declare that since the date of my original
application, neither I or any family member listed on the original application, have had any medical treatment
for any diagnosed condition not previously disclosed.

Applicant's Name

Applicant's Signature

Date
(MM/DD/YY)