



1 North Pennsylvania Street, Suite 600  
Indianapolis, IN 46204  
Phone: 317-644-6291/888-201-8850  
Fax: 317-423-9620-888-201-8851  
[insurance@azimuthorisk.com](mailto:insurance@azimuthorisk.com)

This insurance is not available to individuals who are located in the United States unless the individual is not eligible for similar insurance from the local insurance market due to the applicant's residence and/or citizenship. In order to process the application, we need this Affidavit of Eligibility completed. Please note that we may require additional information to support this Affidavit of Eligibility. Feel free to contact your marketing representative with any questions or concerns.

---

## Affidavit of Eligibility

Major Medical Insurance  
(To be completed only for non-U.S. citizens residing in the U.S.)

Name of Applicant(s): **Gliceria C. Cadadas**

I, the undersigned, do hereby certify that I have attempted to secure medical insurance from not less than three (3) insurers admitted and licensed to do business in the State of **New York**, For the above named Applicant(s). Further, not less than three such insurers have declined to provide medical insurance for the above Applicant because of the applicant's residence and/or citizenship.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Agent