

## Addendum to Application for COVID-19

Proposed Insured's Name (Please Print): \_\_\_\_\_

1. **Within the past 12 months**, have you been quarantined, or been recommended by a medical professional to be quarantined, for any period of time for the novel coronavirus (COVID-19)?.....  Yes  No
2. **Within the past 12 months**, have you been medically treated for, diagnosed for, or tested positive for the novel coronavirus (COVID-19)?.....  Yes  No
3. **Within the past 14 days**, have you had three or more of the following symptoms: fever, cough, shortness of breath, fatigue? .....  Yes  No

This Addendum to Application amends and is made a part of my individual life insurance application. To the best of my knowledge and belief, all answers and statements contained in this application are true, complete, and correctly recorded. I will notify the Company of any changes in the statements or answers given in this application between the time of application and delivery of the policy.

Fraud Notice: Any person who knowingly presents a false statement in application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at \_\_\_\_\_ Application Date \_\_\_\_\_  
(City and State)

Signature of Proposed Insured \_\_\_\_\_

Signature of Owner (If other than Proposed Insured) \_\_\_\_\_