

1. Proposed Insured: _____ 2. Social Security No.: _____
 3. Date of Entry to USA: _____ 4. Place of Birth: _____ 5. Date of Birth: _____
 6. Country of Citizenship _____ (if U.S. Citizen, skip to 12.)
 7. Do you possess an Alien Registration Receipt, "Green Card"? Yes No
 8. Type of Visa (see listing of Visa types): _____
 9. Visa Expiration Date: _____
 10. Do you own assets or property outside the U.S.? (List) _____
 11. Do you own assets or property inside the U.S.? (List) _____
 12. Length of time with present employer: _____
 13. Do you plan to travel or reside outside of the U.S.? Yes No
 If yes, please provide details.

	Next 12 Months
Destination(s)	
Date(s)	
Duration of Stay	
How Often	

14. Remarks: _____

Visa Types

A: Government Official	I: Information Media Rep.
B1: Visitor/Business	J: USIA Education/Cultural Exchange
B2: Visitor/Medical Treatment	K1: Fiancée/Fiancé
C: Transit	L: Intra-Company Transfer
D: Crewman	M: Vocational/Non-Academic Studies
E1: Treaty Trader	O1-2: Science/Art
E2: Treaty Investor	P1-3: Athletes, Artists, Entertainers
E3-5: Misc. Employment Visas	Q1: INS Int'l Cultural Exchange
F1-4: Family Based/Academic Studies	R: Non-Immigrant Religious
G: Representative to International Organization	SB-1: Returning Resident Alien
H1-B: Temporary Worker - Distinguished Merit/Ability	SD: Immigrant - Religious
H-2A/B: Temporary Worker - General Labor	TN: NAFTA Professionals
H-3: Temporary Worker - Trainee	Other Category: _____



It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured.

Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at _____ on _____

 Witness Proposed Insured

AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

The Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured in this supplement to the application. If the Owner is a corporation, an authorized officer, other than the Proposed Insured, must sign as Owner, giving corporate title and full name of corporation.

Signed at _____ on _____

 Witness Owner

Corporate Title: _____ Corporation Name: _____