

## Live in a better State of mind

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## Addendum to Application for Life/Medical Insurance COVID-19 Form

1. PROPOSED INSURED	□ Mr.	☐ Mrs.	☐ Miss	□ Dr.	☐ Other_	
(a) NameLast	Last First				Initial	
(b) Address						
(c) Telephone		(d)	Date of Birth _	Dav	Month	Year
(e) Attained age	(f) S					
2. COVID-19 EXPOSURE HIS	TORY OF	INSURED				
(a) Have you been previously tested or treated for COVID-19?					□ Yes	□ No
(b) Have you recently been in close contact with or cared for anyone who has tested positive for COVID-19?					□ Yes	□ No
(c) Have you or any member of your household traveled by cruise ship within the last thirty (30) days?					□ Yes	□ No
(d) Have you experienced any cold or flu-like symptoms in the last fourteen ☐ Yes ☐ No (14) days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?						□ No
Dated at		this	day of			20
Signed:Proposed Insured						
Witnessed:		Sig	ned:	plicant. (if oth	er than Propose	d Insured)