

# Foreign Residence/Travel Supplement (Supplement to Application)

## 1. Proposed Insured

Please print all answers.

a. Full Name		b. Date of Birth (Mo. Day Yr.)	c. Birthplace
d. Current Citizenship	e. Kind of Visa: Permanent (Green Card) Student	Work Other (Specify):	
f. Visa Number	g. Visa Expiration Date	h. Current Occupation	
i. Duties			

## 2. Insurer

Insurer:

## 3. Foreign Residence or Travel

a. List the foreign locations where Proposed Insured plans to live and/or travel.

City	Country	Arrival Date	Departure Date	Purpose*	Anticipated Work Environment**

\* Examples: include student; missionary; government; employer; business; pleasure.

\*\* Examples: include metropolitan area; rural/agricultural area; primitive/native area.

b. List foreign locations where Proposed Insured has traveled in the past 2 years.

City	Country	Arrival Date	Departure Date	Purpose*

\* Examples: include student; missionary; government; employer; business; pleasure.

## 4. REMARKS

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I further agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to policy delivery; and (2) **except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to the Owner and the first modal premium is paid.**

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

Signature of Proposed Insured

Date