



Foreign Residence/Travel Questionnaire - (Supplement to Application)

1. Full Name (first, middle initial, last):

2. Date of Birth (Mo/Day/Yr.):

3. Birthplace:

4. Current Citizenship

5. Kind of Visa Permanent (Green Card) Work
 Other (Specify): Student

6. Visa Number:

7. Visa Expiration Date:

8. Current Occupation:

9. Duties:

10. 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 the 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.

11. Remarks:

Agreement

The statements and answers shown on this questionnaire are true and complete to the best of my knowledge and belief.

Date:

Signature of Proposed Insured: