

**THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS (SBLI)**

One Linscott Road, Woburn, MA 01801 800-694-7254

## Application Amendment

***Please Read Carefully and Sign Below***

Proposed Insured:	Application Dated:	Policy Number:

I hereby request that the application on the life of the proposed insured be amended to read as follows:

The following questions regarding alcohol consumption are fairly common throughout the insurance industry. They are in no way intended to imply that you have or had a problem with alcohol.

1. How much and how often do you consume alcohol?
2. What was the date of your last drink?
3. Have you ever been told you have or had a known problem with alcohol?
4. Are you now or have you ever been a member of Alcoholics Anonymous?  
*(Not applicable for policies to be issued in Connecticut.)*
5. How much and how often did you formerly drink?
6. Have you ever stopped drinking and restarted?
7. Have you ever received treatment for alcohol or other drug abuse? If so, please provide the date(s) of all treatment plans/admissions and the name of the doctor / facilities.
8. Have you ever been convicted of driving under the influence of alcohol?

To the best of my knowledge and belief, I hereby represent that the above answers and statements are complete, correct and true. I agree that SBLI, believing them to be complete, correct and true, shall rely on them. I agree that they shall be a part of my application for insurance or policy change request.

**Please Sign Here:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Signature of Applicant, if other than the  
Proposed Insured