

**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***

<b>Proposed Insured:</b>	<b>Application Dated:</b>	<b>Policy Number:</b>

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

1. How many times have you been charged with driving under the influence? Please provide the dates.
  
1. Have you had a problem with alcohol or other drugs?
  
1. Was a period of treatment required? If so, what type?
  
1. Please provide the full names and addresses or any doctor or facility that may have treated you and the dates of the treatment.
  
1. Are you now or have you ever been a member of Alcoholics Anonymous?  
*(Not applicable for policies to be issued in Connecticut.)*
  
1. What was the date of your last drink?

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 and act 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