

The Savings Bank Life Insurance Company of Massachusetts

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: <input type="checkbox"/> Permanent (Green Card) <input type="checkbox"/> Work <input type="checkbox"/> Student <input type="checkbox"/> Other (Specify):		
f. Visa Number	g. Visa Expiration Date	h. Current Occupation	
i. Duties			

2. 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 3 years.

City	Country	Arrival Date	Departure Date	Purpose*

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

3. REMARKS

I agree all statements and answers to the above questions are complete and true.

Signature of Proposed Insured

Date