



OXFORD LIFE INSURANCE COMPANY

2721 North Central Avenue, Phoenix, AZ 85004

ADDENDUM TO APPLICATION

Proposed Insured's Name: _____

1. In the past 90 days, have you been advised by a medical professional to quarantine or self-isolate for any period of time? ☐ YES ☐ NO
2. In the past 90 days, have you been examined for, treated for, tested positive for, or diagnosed with COVID-19 (coronavirus) by a medical professional? ☐ YES ☐ NO
3. In the past 60 days, have you traveled or resided outside of the United States, or traveled via cruise ship outside of the United States? ☐ YES ☐ NO

A response of "YES" to any of the above will result in postponement of your application and you will be required to reapply in 60 days, or when the above condition(s) that resulted in a "YES" response have been fully resolved (whichever is longer). We reserve the right to request that you provide a statement of good health from your medical professional upon reapplication.

Acknowledgment: This Addendum to Application amends and is made a part of my individual life insurance application. To the best of my knowledge and belief, all answers and statements contained in this addendum are true, complete, and correctly recorded. I will notify the Company of any changes in the statements or answers given in this addendum between the time of application and delivery of the policy.

WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at _____ Application Date _____
(City and State)

Signature of Proposed Insured _____

Signature of Owner (If other than Proposed Insured) _____

Producer's Name: _____ Producer's ID number: _____