KSKJ LIFE
2439 GLENWOOD AVE.
JOLIET, IL 60435
1.800.843.5755
kskjlife.com

Addendum to Application for COVID-19

Proposed Insured's Name (Please Print):_____

1. **Within the past 12 months**, have you been advised by a medical professional to be quarantined, for any period of time for the novel coronavirus (COVID-19)?..... ☐ YES ☐ NO
2. **Within the past 12 months**, have you been treated for, examined for, diagnosed with, or tested positive for the novel coronavirus (COVID-19) by a medical professional?..... ☐ YES ☐ NO
3. **Within the past 30 days**, have you been advised by a medical professional to get specified medical care (such as any diagnostic testing or hospitalization) which was not completed; as result of fever, cough, shortness of breath, fatigue (excluding HIV/AIDS)? ..... ☐ YES ☐ NO

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 application are true, complete, and correctly recorded. I will notify KSKJ Life of any changes in the statements or answers given in this application between the time of application and delivery of the policy.

Fraud Notice: Any person who knowingly presents a false statement in 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)_____