



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

Royal Neighbors of America  
230 16th Street  
Rock Island, IL 61201  
(800) 627-4762  
A Fraternal Benefit Society

# Supplemental Questionnaire for Individual Life Insurance

## SECTION 1 – PROPOSED INSURED

This is a supplement to the application for life insurance for:

Proposed Insured Name: \_\_\_\_\_

Simplified Issue Whole Life    Single Premium Whole Life    Jet Whole Life    Jet Term Life

Date of Application for Life Insurance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

## SECTION 2 – PROPOSED INSURED MEDICAL INFORMATION

- In the past 30 days, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for COVID-19 (the SARS Co-V-2 virus)?  YES    NO
- In the past 30 days, has a member of the medical profession administered a test on you for COVID-19, for which the results have not been received, or recommended that you be tested for COVID-19 (the SARS Co-V-2 virus)?  YES    NO
- In the past 30 days, have you been advised by a medical professional to self-quarantine?  YES    NO
- In the past 30 days, have you been treated, examined or advised by a member of the medical profession, whether in person, by phone or by other electronic means, for fatigue, fever, cough, or shortness of breath?  YES    NO

## NOTICE

Only for products offering Graded Death Benefits, the following language is stricken from the application:  
"If question 8 and 9 are answered YES, only Graded Death Benefit is available."

## AGREEMENT / ACKNOWLEDGMENT

This Supplemental Questionnaire is made part of my application for life insurance. I have read this Supplemental Questionnaire, and to the best of my knowledge and belief, all answers are true and correct. I understand and agree that (1) any insurance shall be issued by Royal Neighbors of America is dependent on these answers being complete and correct; and (2) the answers given in the application, this Supplemental Questionnaire, and any other amendments to the application will be the basis of any insurance issued.

## FRAUD NOTICE / 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.

## SIGNATURES

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_