



PO Box 8027
Boston MA 02266-8027

For Overnight Delivery:
30 Dan Road, Suite 8027
Canton MA 02021-2809

Application Part II Addendum

Company is defined as indicated: ☐ Phoenix Life Insurance Company ☐ PHL Variable Insurance Company

PROPOSED INSURED NAME (First, Middle, Last)

Please continue details of all yes answers (reference question #) including dates, names of doctors consulted, treatment, duration, diagnosis and results.

The foregoing statements are full, complete, and true to the best of my knowledge and belief. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction.

DATE

PROPOSED INSURED (Sign full name)