

**Foreign Travel and  
Residence Questionnaire  
New York Version**

**The United States Life Insurance Company in the City of New York, New York, NY**

In this questionnaire, the "Company" refers to the insurance company whose name is shown above.  
The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

1. List each country/city to which you will be traveling within the next **two years**, the length of stay in each location and how many times per year you will visit each place.

Country/City	Date and Duration of Trip	Times per year	Purpose of Trip

2. If your travel is business related, please describe your duties. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Do you expect to visit non-urban areas? .....  yes  no  
 (If yes, provide details) \_\_\_\_\_  
 \_\_\_\_\_

4. Do you own a home / property or have business or investment interests **outside** the U.S.? .....  yes  no  
 If yes, provide property address, name/address of business \_\_\_\_\_  
 \_\_\_\_\_

5. Are you a US Citizen or Permanent Resident (Green Card Holder)? .....  yes  no  
 If no, answer questions 5a-5d

5a) Country of citizenship: \_\_\_\_\_ Date of entry in U.S. \_\_\_\_\_

5b) Do you have a Visa? .....  yes  no  
 Type \_\_\_\_\_ Expiration Date \_\_\_\_\_ **Submit copy of passport & visa**

5c) Residency plans after expiration of Visa \_\_\_\_\_

5d) Do you own a home / property or have business or investment interests **in** the U.S.? .....  yes  no  
 If yes, provide property address, name/address of business \_\_\_\_\_  
 \_\_\_\_\_

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (city, state) \_\_\_\_\_

Proposed Insured Signature **X** \_\_\_\_\_ Date \_\_\_\_\_  
 (If under age 15, signature of parent or guardian)