

— HOUSEHOLD DISCOUNT REQUEST FORM —

This form is to be completed in the event that you qualify for a Household Discount after your policy has been approved and issued. You may be eligible for a premium discount based on Your responses to the statements below.

1. For the past 12 months I have resided with someone who is age 60 or older and is not in a health residential facility* YES NO

2. I reside with someone who is my legal spouse** YES NO

*A health residential facility includes an Assisted Living Facility, Group Home, Nursing Home, or any other housing system that Oxford Life deems to provide care or assistance to individuals.

**A civil union partner or domestic partner will be considered a legal spouse when such partnerships are recognized as valid in your state of residence.

If you answered "YES" to either statement above, please complete the section below. Oxford Life will attempt to validate this information. In the event We are unable to validate the information You have provided, additional documentation may be required.

Resident's Name	Resident's DOB	Resident's SSN

I represent that my answers and statements are true and complete. I represent I am of sound mind and am capable of making these representations.

Insured's Signature: _____

Insured's Name (Printed): _____

Policy #: _____

Date: _____