

APPLICATION FOR REINSTATEMENT

DATE: _____

NAME: _____

POLICY #: _____

AMOUNT NEEDED TO REINSTATE: \$ _____

APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE POLICY

I hereby make application for reinstatement of this policy, and in support of this application state: That I and each and every member insured under the above numbered policy, is now in good health, and not suffering from any disease, chronic ailment, or injury, and the statements heretofore made in the original application, are hereby affirmed.

APPLICATION FOR REINSTATEMENT OF HEALTH POLICY

I hereby make application for reinstatement of this policy, and in support of this application state: That I and each and every member insured under the above numbered policy, is now in good health, and not suffering from any disease, chronic ailment, or injury, and the statements heretofore made in the original application, and hereby affirmed. I understand that the waiting periods, listed in the policy which pertain to a reinstated policy, shall apply.

Signature of Owner

Date