



American Century Life Insurance Company of Texas

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Request to Reinstate Policy

(for form L-222B)

Name of Policy Owner: _____

Name of Insured: _____

Policy number: _____ Issue Date: _____

Please reinstate the above named policy effective at the date of this request.

Enclosed is a payment for \$ _____ to cover the amount of premium due on the policy.

Yes No

1. Does the Insured have a physical or mental condition that requires ongoing medication or medical treatment (excluding controlled high blood pressure, high cholesterol, or diabetes)? If "Yes," please provide additional details
2. Has the Insured ever been diagnosed with a terminal illness?
3. Is the insured presently confined to any institution?
4. Does the insured have any history of or diagnosis of heart trouble, cancer, diabetes, high blood pressure, kidney trouble, stroke, lung disorder, blood disorder, HIV or AIDS defining diagnosis, Alzheimer's, Crohn's, down syndrome, counseling or treatment for drug/alcohol use?

Current height: _____ Current weight: _____

Policy Owner Signature

Insured Signature

Date: _____

Agent Signature: _____