



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-222A)

Name of Policy Owner: _____ Policy number: _____

Name of Insured: _____ 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

- 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
- Is the Insured currently awaiting for a medical diagnosis or results from a medical test that have not been completed, or been advised to have surgery that has not been completed?
- Is the Insured currently or within the past year been hospitalized or confined to a nursing facility?
- Is the Insured bedridden, or confined to a wheelchair, or during the past year, have you had any type of amputation caused by disease?
- Within the past year, has the Insured had a heart attack, stroke or internal cancer?
- Within the past year has the Insured been treated for complications of diabetes, diabetic coma or insulin shock?
- Within the past year, have you been diagnosed with or treated for kidney failure, Alzheimer's disease, or had dialysis, or Cirrhosis of the liver?
- Within the past year, have you used oxygen equipment at home to assist in breathing?
- Has the Insured ever been HIV positive, or ever had or been treated for AIDS or ARC?

Current height: _____ Current weight: _____

List any medication you are currently taking, if any:

Medication Name & Dosage	Diagnosis/Condition

Medication Name & Dosage	Diagnosis/Condition

Policy Owner Signature

Insured Signature

Date

Agent Signature