



American Century Life Insurance Company of Texas

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Request to Reinstate Policy

(for form JT25)

Name of Policyholder: _____

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.

Has the Child had any application for life or health insurance declined, postponed or modified? YES NO

Has the Child been charged with driving while impaired, had a driver's license revoked or suspended or received citation for moving traffic Violations? YES NO

To the best of your knowledge and belief, has the Child had, or been advised of, diagnosed, or received treatment for:
a.) abnormal blood pressure, chest pains, stroke, disease or disorder of the heart, cardiovascular, or circulatory systems? YES NO
b.) cancer, tumors, diabetes, thyroid disorders, seizures, or any disease or disorder of the kidneys, stomach, liver, lungs, bladder, bones or genital organs? YES NO
c.) anxiety, depression or any emotional, behavioral, mental or nervous disorder, alcohol dependency, drug uses or abuse? YES NO

Has the Child engaged in racing, rodeo or other hazardous sports or hobbies or intend to do so? YES NO

Is the Child under medical treatment or taking any medications at this time? YES NO

Has any physician been consulted on behalf of the Child for any reason NOT mentioned above? YES NO

Does the Child have, or been treated for, any sickness, disease or disability not shown above? YES NO

Has the Child had any diagnosis or treatment for the immune system, blood disorder, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)? YES NO

Has the Child's parents and/or siblings had heart disease, kidney disease, diabetes, cancer, stroke, or any other hereditary disease? YES NO

If "YES" to any question, add details below.

Current height: _____ Current weight: _____

Insured signature

Policyholder signature (if other than policy insured)

Date: _____

Agent signature: _____