



Request to Reinstate Policy

(for form Term)

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 or treated for, taken medication for or currently under treatment for:
 - a. Heart attack, angina, arrhythmia, aneurysm, stroke, TIA, or any heart or circulatory disease or disorder?
 - b. Diabetes, pancreas disorder, hepatitis, Crohn's disease, ulcerative colitis, liver or digestive disease or disorder?
 - c. Cancer, lung disease or disorder, seizures, mental or nervous disorder, bi-polar disorder, paralysis, blindness?
 - d. Any disease or disorder of the kidneys, urinary bladder, prostate, reproductive organs, sexually transmitted disease, AIDS, ARC, or tested positive for HIV or and other immunological disorder?
 - e. Connective tissue disease, systemic lupus (SLE), anemia, arthritis, or any disorder of the back, joints, and muscles?
3. **Within the past 5 years** has the Insured:
 - a. Been convicted of any misdemeanor or felony charge, had your driver's license suspended or revoked, or convicted or driving under the influence of alcohol or drugs, or driver's license currently suspended or revoked?
 - b. Used illegal drugs, abused alcohol or drugs, or had or been recommended by a medical professional or licensed counselor to discontinue the use of alcohol or drugs or have treatment or counseling for alcohol or drug use?
4. **Within the past 2 years** has the Insured:
 - a. Participated in parachuting, hang gliding, rock or mountain climbing, rodeo events, sky diving, scuba diving, organized racing of any kind, any professional sport, or aviation?
 - b. Been diagnosed or treated for any other disease or disorder, injury, surgery within the past 24 months?
5. **Within the past 12 months** has the Insured:
 - a. Consulted a physician, had surgery, been hospitalized, or had diagnostic test such as EKG, X-Ray, MRI, Cat Scan?
 - b. Had diagnostic testing, surgery or hospitalization recommended by a medical professional which has not been completed or for which the resulted have not been received?
 - c. Has the Insured smoked in the past 12 months?
6. **Within the past 6 months** has the Insured been on probation, parole, or prohibited actively working full time (30 hours or more per week) at your regular occupation due to any illness, injury or health related problem, or is the Insured currently disabled?

Current height: _____ Current weight: _____

List any medication you are currently taking, if any:

Medication Name & Dosage	Diagnosis/Condition

Medication Name & Dosage	Diagnosis/Condition

Insured Signature

Policyholder Signature

Date: _____

Agent Signature: _____