



UNIVERSAL LIFE

APPLICATION FOR REINSTATEMENT OF LIFE POLICY AND DECLARATION OF GOOD HEALTH

Policy No.	
Life Assured	
Grantee	

APPLICATION

Please reinstate to its original status my above Life Assurance policy which was cancelled/converted to Paid Up due to the non payment of the premium which was due on

DECLARATION

1. I hereby declare that no change has occurred regarding my health, since the submission of my application for the issue of the above numbered policy except as stated here below.

Illness, Operation or Accident, Tests or X-Rays	Doctor	Date	Details of Treatment & Results

For women only: Are you Pregnant? YES NO If yes at what month?.....

2. I hereby declare that no change has occurred regarding my everyday activities or occupation, since the submission of my application, which may increase the risk except as stated here below:

<u>CHANGES IN EVERYDAY ACTIVITIES/OCCUPATION</u>

3. All above statements are, to the best of my knowledge and belief correct and true and the reinstatement of my above policy will be according to these statements and any other information which may be required by Universal Life.

AUTHORIZATION

I hereby authorize any doctor, hospital, clinic, insurance company or any other person to give any information which may be required by Universal Life.

Signature of Life/Lives Assured	Signature of Grantee or Assignee
Name	Name
Identity Card No	Identity Card No
Name	Organization
Identity Card No	

WITNESS

Name & Signature	
Date	

For Internal Use

Underwriting Decision:
Date : Authorized Underwriter:
Amount Paid €..... CRS No. Date