

Sample Reinstatement Application for Disability Insurance

1. Personal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

2. Policy Information

Policy Number

Insurer Name

Date Policy Lapsed

3. Reason for Lapse

Please explain the reason for policy lapse

4. Health Statement

Has your health changed since the policy lapsed? If yes, please explain.

5. Declaration

I hereby apply for reinstatement of my disability insurance policy and declare that all information provided is true and correct to the best of my knowledge.

Signature

Date