

Statement of Health for Policy Reinstatement

(To be completed by the Policyowner and Life Insured)

Policy Information

Policy Number

Owner's Name

Life Insured Name

Owner's Date of Birth

Insured's Date of Birth

Health Statement

1. Has the Life Insured consulted any doctor, received medical advice, treatment, or been hospitalized in the past 12 months?

2. Has the Life Insured had any illness, injury, or health condition since the date the policy lapsed?

3. Is the Life Insured currently taking any medications?

4. Has the Life Insured been diagnosed with or treated for any chronic or serious illness (e.g. cancer, heart disease, diabetes)?

Declaration

I/We declare that the above answers and statements are true and complete to the best of my/our knowledge

and belief. I/We understand that this statement forms part of the application for reinstatement of the policy and that omission or misstatement may affect the validity of the policy.

Signature of Policy Owner

Date: _____

Signature of Life Insured

Date: _____