

I wish to reinstate my policy no: _____ which has lapsed because of failure to pay premiums when due.

I have reviewed the copy of my original application contained in my policy and my health history represented thereon. I hereby confirm that my health history as represented on my original application is accurate and there have been no changes in my health as shown on the original application except for the following: (write "NONE" if no change)

I represent that the above information is accurate to the best of my knowledge.

Insured's Signature _____ Date _____
HRE-APP