

SENIOR LIFE INSURANCE COMPANY
PO BOX 2447
THOMASVILLE, GA 31799-2447
877-777-8808

DANGER! YOUR POLICY HAS LAPSED!
REINSTATEMENT OFFER APPLICATION

GRACE PERIOD EXPIRED

As of _____, your premium due was not received. It is very important to take care of this so your loved ones will be taken care of at the time of need. Application for reinstatement below must be completed and is subject to approval by Senior Life Insurance Company.

INSURED: _____ POLICY#: _____ ISSUE BASIS: Guaranteed Issue
DUE DATE: _____ PREMIUM: _____ INTEREST: _____ TOTAL: _____ MONTHS: _____

GUARANTEED ISSUE – NO HEALTH INFORMATION REQUIRED

You must make a payment of _____ prior to _____ to be considered for reinstatement. Please select your desired method of payment:

- Checking account Routing No: _____ Account No: _____
- Money Order

Please print name as it appears on checking account: _____

I authorize any physician, medical practitioner, hospital, medical care facility, Veteran's Administration, pharmacy, pharmacy benefit manager, laboratory, or any other medically-related person or facility to furnish any health and/or treatment information about the proposed Insured to Senior Life Insurance Company to determine eligibility for insurance and/or benefits. Any information used will be subject to the Company's Privacy Policy which is provided with my policy, or upon request. I understand that this Authorization shall remain in force for 24 months following the date of my signature below and may be revoked at any time by sending a written request to the Company. A copy of this Authorization is as valid as the original and a copy will be provided upon request. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the Company will rely on my answers in issuing the insurance. I understand that even if I have paid a premium with, prior to the approval of, this application, I have not purchased immediate insurance coverage. I understand that the insurance applied for shall not go into effect until the first premium is honored by the bank, the application is approved for the class of risk and amount applied for, and the policy is issued, and only then if the Proposed Insured's health condition remains as described in the application at the time. If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid. Pursuant to the requirements of California Insurance Code §10115, the Company limits the amount for which it may be liable prior to the actual issuance and delivery of a life insurance policy to a maximum of fifty thousand dollars (\$50,000). As a convenience to me, I authorize my bank/financial institution to deduct future payments for this insurance by electronic or other means directly from my account. I agree that Senior Life Insurance Company's treatment of each check or ACH debit, and their rights with respect to it, will be the same as if it were signed or initiated personally by me. I also agree that if any check or ACH debit is dishonored for any reason, Senior Life Insurance Company will not be under any liability even though dishonor results in forfeiture of insurance. I understand this authorization is to remain in effect until either Senior Life Insurance Company or I cancel by sending the other party a written request to do so.

Owner Insured & Payor Must Sign Here



Insured – Payor/Owner if different than Insured

State Signed In

Date