

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

**DANGER! YOUR POLICY HAS LAPSED! GRACE PERIOD EXPIRED**  
**REINSTATEMENT OFFER APPLICATION**

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: Ultimate PFD WL

DUE DATE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_ INTEREST: \_\_\_\_\_ TOTAL: \_\_\_\_\_ MONTHS: \_\_\_\_\_

- YES  NO Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, incarcerated, legally blind, wheelchair bound, or bedridden; in the past ten years, have you been hospitalized two or more times or received home health care; or do you expect to be admitted to a hospital or nursing facility?
- YES  NO Have you tested positive for exposure to the HIV (Human Immunodeficiency Virus) Infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV (Human Immunodeficiency Virus) Infection or other sickness or condition derived from such infection?
- YES  NO In the past twelve months, have you experienced any unexplained weight loss or weight gain?
- YES  NO In the past ten years, have you used any form of tobacco or nicotine product or had a blood pressure reading over 135/85?
- YES  NO In the past ten years, have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has not been received or completed, or advised to take medications and have not been compliant?
- YES  NO In the past ten years, have you had, been treated for, received medical advice or been prescribed medication for, or been diagnosed with diabetes; high blood pressure; stroke; paralysis; cancer; any heart, organ, or lung disease (including COPD (Chronic Obstructive Pulmonary Disease)/emphysema); mental disorder/retardation; disorder of the brain or nervous system; or any impairment, disorder, disease, transplant, or chronic illness?
- YES  NO Have you used illegal drugs, been treated by a physician or other licensed health practitioner for drug/alcohol abuse, been advised by a physician or other licensed health practitioner to reduce alcohol consumption, been noted by a physician or other licensed health practitioner to excessively consume alcohol, or been arrested for any reason?

PHYSICIAN NAME AND ADDRESS: \_\_\_\_\_

MEDICATIONS AND USAGE: \_\_\_\_\_

I have read or have been read all questions and answers, and I affirm that they are true to the best of my knowledge and belief. **I understand that for insurance to go into effect, the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued.** I also understand that Senior Life Insurance Company will rely on my answers above in issuing any life insurance hereunder and that the agent does not have the authority to waive or modify any question or answer. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Insured \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Signed in \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ Signature of Witness \_\_\_\_\_