

Critical Illness Insurance Reinstatement Form

Policyholder Information

Full Name

Policy Number

Date of Birth

Phone Number

Email

Address

Policy Details

Date of Policy Lapse

Reason for Lapse

Has there been any medical diagnosis or treatment since lapse date?

Health Declaration

Please provide details of any new or changed medical conditions:

Are you currently under any medical treatment?

If yes, provide details:

Declaration & Signature

I declare that the information provided above is true and complete to the best of my knowledge.

Signature

Date