

# Group Insurance Reinstatement Application

## 1. Group Information

Group Name

Policy Number

Plan Type

Requested Reinstatement Date

## 2. Contact Information

Contact Person Name

Title/Position

Phone Number

Email

## 3. Reason for Lapse/Cancellation

## 4. Certification

By signing below, I certify that the information provided is true and accurate to the best of my knowledge.

Authorized Signature

Date