

Health Insurance Reinstatement Application

Personal Information

Full Name

Date of Birth

Policy Number

Address

Phone Number

Email

Policy Details

Type of Policy

Reason for Lapse

Date of Lapse

Health Declaration

Have you been diagnosed with any illness since the lapse?

If Yes, please provide details

Are you currently taking any medication?

If Yes, please specify

Declaration & Signature

Applicant's Signature

Date