



Application for Reinstatement from The American Home Life Insurance Company

The American Home Life Insurance Company
Home Office:
400 S Kansas Ave., Topeka, KS 66601
1-833-504-0334
www.amhlifeco.com

- Print clearly using blue or black ink.

1. Insured Information

Full name of Applicant

•

Policy number to be reinstated

•

Phone

•

1. Within the past 6 months, have you been medically diagnosed, treated, been prescribed medication for, or had surgery for any illness or injury? Yes No
2. Have you been advised by a medical professional to have tests, surgery, treatment or further evaluation for any illness or injury or are there any tests pending? Yes No
3. Are you taking, or have you been advised to take any prescribed medications? Yes No

2. Details of "Yes" Answers

Type of injury or illness

•

Date

•

Fully recovered?

Yes No

Doctor/hospital

•

Medication taken

•

Type of injury or illness

•

Date

•

Fully recovered?

Yes No

Doctor/hospital

•

Medication taken

•

Type of injury or illness

•

Date

•

Fully recovered?

Yes No

Doctor/hospital

•

Medication taken

•

3. Applicant

If this policy is reinstated, such reinstatement shall be in accordance with the terms of the policy and shall not take effect until this application for reinstatement has been approved by The American Home Life Insurance Company. If we reject your reinstatement application, we will promptly return the monies you submitted with your reinstatement application.

I hereby apply to The American Home Life Insurance Company for reinstatement of my lapsed policy to be reinstated in reliance on my written answers to the questions on this application. I have read and understand all statements and answers and to the best of my knowledge and belief they are true, complete and correctly recorded. I agree that, if my policy is reinstated, such reinstatement shall be in accordance with the terms of the policy and shall not take effect until this application of reinstatement and the premium payment accompanying this application have been accepted and approved by The American Home Life Insurance Company.

It is further agreed that reinstatement of this policy, if granted by The American Home Life Insurance Company, shall be contestable for fraud or misrepresentation of any material facts stated in, or in connection with, this application for two years after the date of reinstatement.

Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

The undersigned applicant certifies that the applicant has read, or had read to him/her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

Applicant signature

X

Date signed

•

City

•

State

•

Zip

•