

# Policy Reinstatement



## Request to reinstate a terminated AAFMAA life insurance policy

<b>1. POLICY</b>	Policy Number
Insured Name ( <i>Last, First MI</i> )	Insured SSN

## 2. CONDITIONS OF REINSTATEMENT

An AAFMAA life insurance policy that has been terminated due to non-payment of premiums or cash surrender may be reinstated according to the Terms and Conditions of that policy with the following conditions:

- The AAFMAA cash surrender check has not been cashed.
- The insured must meet current eligibility requirements, either as a member or dependent of a current member.
- The insured must sign (below in block 3) confirming that his/her health has not changed since the policy lapse date.
- Any premiums that would have been due if the policy had remained in force must be paid prior to reinstatement.
- A two-year contestability period will apply to the dates the policy was lapsed.

TERM LIFE additional conditions:

- This form must be received by AAFMAA within 30 days of termination. Otherwise the insured must apply for a new policy.

WHOLE LIFE additional conditions:

- This form must be received by AAFMAA within 90 days of termination. Otherwise the insured may reinstate the policy within 3 years of termination by completing a Reinstatement - Medical form and passing medical underwriting requirements.
- The cash value (before deduction of loans) at the time of termination must be repaid to AAFMAA.
- Interest on the cash value and unpaid premiums during termination must be paid to AAFMAA at the current loan rate.

## 3. INSURED SIGNATURE

I understand and agree to the conditions above and hereby request AAFMAA to reinstate this policy. I certify that, since the date of lapse, I have not had a change in health, been hospitalized for any reason nor have I seen a doctor for other than a minor illness.

Insured Signature	Date Signed ( <i>mm/dd/yyyy</i> ) / /
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## 4. OWNER SIGNATURE (complete only if Owner is not the Insured)

Owner Name ( <i>Last, First MI</i> )	Owner SSN/TIN
Owner Signature	Date Signed ( <i>mm/dd/yyyy</i> ) / /

<i>For office use only</i>		
Lapse Date ( <i>mm/dd/yyyy</i> ) / /	Reinstatement Date ( <i>mm/dd/yyyy</i> ) / /	Reinstatement Authorized By