

Policy Reinstatement



Request to reinstate a terminated AAFMAA life insurance policy

If you have questions, contact AAFMAA Policy Services at 1-800-336-4538.

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| 1. POLICY | |
| Insured Name (<i>Last, First MI</i>) | Policy Number |
| | 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, in the past 150 days, 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.

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|-------------------|-----------------------------------|
| Insured Signature | Date Signed (<i>mm/dd/yyyy</i>) |
|-------------------|-----------------------------------|

4. OWNER SIGNATURE (complete only if Owner is not the Insured)

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|--------------------------------------|--|
| Owner Name (<i>Last, First MI</i>) | Owner SSN/TIN |
| Mailing Address | |
| Email | Phone (<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work) |
| 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 |

When completed, email to: PolicyServices@aafmaa.com or fax to: 1-888-210-4882.