Reinstatement Form

RoyalStar House
John F. Kennedy Drive
Nassau, Bahamas

NEW PROVIDENCE
LIFE INSURANCE COMPANY LIMITED

Part I: Main Insured Information

Last Name	First Name	M.I.
Customer Number	**Email Address**	**Phone (Home/Cell)**

Part II: Medical Questionnaire

Have you or any of your dependents requesting reinstatement of this policy been recommended, diagnosed, referred for medical consultation or treatment, received treatment, or had medical consultation for any of the following reasons? *Please mark all that apply.* *(if you answer YES to any of the questions below please provide name of insured and explanation in the additional comments section)*		Yes	No
(a)	Cardiovascular system (infarction, high blood pressure, angina, rheumatic fever, cardiac defects, arrhythmias, disease of veins, arteries or any other)	☐	☐
(b)	Respiratory system (otitis, deviated nasal septum, sinusitis, nasal polyps or cyst, asthma, bronchitis, emphysema, bronchietasis, tuberculosis or any others)	☐	☐
(c)	Gastrointestinal system (gastro esophageal reflux, hiatal hernia, gastritis, gastric or duodenal ulcer, duodentis, diverticulosis, intestinal polyps, colitis, gallbladder disease or any others)	☐	☐
(d)	Urinary system (kidney disease, stones, urinary tract infections, bladder disorders, prostate disease or any others)	☐	☐
(e)	Musculoskeletal system (back disorders, spinal cord disorders, rheumatism, arthritis/arthrosis, gout, lumbago, osteoporosis, deformity, herniated disc or any other?	☐	☐
(f)	Neoplastic disorders (benign or malignant)	☐	☐
(g)	Endocrines system (Hypophysis gland diseases, thyroid, parathyroid, diabetes, ovaries or adrenal glad disorders)	☐	☐
(h)	Sexually transmitted diseases HIV, AIDS (acquired immunodeficiency syndrome), ARC (AIDS-related complex)	☐	☐
(i)	Female reproductive system (disorders of menstrual cycle, ovaries, uterus including cervix, endometriosis, fallopian tubes, vagina, pelvic inflammatory diseases, miscarriages, cesarean section or any other)	☐	☐
(j)	Male reproductive system (disorders of prostate, testes, penis, or any other)	☐	☐
(k)	Neurologic system (convulsions, epilepsy, paralysis, multiple sclerosis, stroke, Alzheimer's disease, dementia or any other)	☐	☐
(l)	Liver disorders (fatty liver, cirrhosis, hepatitis or any other)	☐	☐
(m)	Skin disorders (acne, psoriasis, melanomas, carcinomas or any other)	☐	☐
(n)	Hematologic and lymphatic system (anemia, leukemia, multiple myeloma, spleen disorders or any other blood or coagulation disorders)	☐	☐
(o)	Collagen diseases (rheumatoid arthritis, systemic lupus erythematosus, scleroderma or any other)	☐	☐
(p)	Have you or any dependent requesting been a drug or alcohol addict; take or have taken unprescribed drugs; are or have been under a rehabilitation program for any addiction or intoxicating substance abuse?	☐	☐
(q)	Have received treatment, or have been diagnosed with any disorder, condition or are taking prescription medication for any condition "not" mentioned above?	☐	☐

Additional Comments:

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Main Insured Signature _____ Date _____ / _____ / _____
Day Month Year

Agent/Company Representative Signature _____ Date _____ / _____ / _____
Day Month Year

Mail completed, signed form to:

New Providence Life • RoyalStar House, John F. Kennedy Drive • P.O. Box EE-15606 • Nassau, Bahamas
Tel: (242) 326-6779, (242) 677-6945, (242) 677-6946 • Fax: (242) 328-4141 • Email: administrator@newprovidencelife.com