Application to Request Review of **Exclusions and/or Limitations**

(to be completed by the policyholder)

RoyalStar House
John F. Kennedy Drive
Nassau, Bahamas

NEW PROVIDENCE
LIFE INSURANCE COMPANY LIMITED

Part I: Policyholder's Information

Last name	First name	M.I.	Customer number

Part II: Insured Person to whom the Exclusion and/or Limitation applies

Last Name	First Name	M.I.

Number and Text of the exclusion and/or limitation to reviewed (as indicated on the certificate of coverage):

_____

_____

_____

_____

Date of the last three (3) consultations for the limitation and/or excluded conditions:

_____ /_____ /_____ _____ /_____ /_____ _____ /_____ /_____

Day Month Year Day Month Year Day Month Year

Describe the current medical status of the insured to whom the limitation and/or excluded condition applies (Should you need more space, please attach):

_____

_____

_____

Please include any additional medical reports or medical notes in support of your request.

Part III: Attending Physician's Information

Last Name	First Name	M.I.	Telephone Number:

Address		
City	State	Zip

I hereby certify which the person to whom the exclusion and/or limitation applies has been free of symptoms and/or signs of the medical condition which originated the exclusion and/or limitation as of (Date: DD,MM,YYYY) _____/_____/_____, and said person has not required any kind of medical treatment for such condition. I am willing to provide the Insurer with any medical evidence considered necessary to evaluate the above mentioned exclusion and/or limitation.

Primary insured signature _____ Date _____ /_____ /_____

Day Month Year