



**CINCINNATI EQUITABLE LIFE
INSURANCE COMPANY**
Our Family Serving Your Family

Reinstatement Form

Name		Policy Number	Agent	
Premium/Mode	Due Date	Premium Needed to Reinstate Policy		Premium Collected
Street Address		City	State	Zip

In order to qualify for reinstatement, the following conditions must be met:

1. The Policy Value has not been paid;
2. Evidence of insurability satisfactory to us;
3. Past due premiums are paid in full
4. All Indebtedness, with interest at the rate which applies to policy loans, is paid or reinstated

Health Questions For Reinstatement of Policy:

- a. Is the Proposed Insured bedridden or admitted to or been advised to enter a hospital, nursing home, hospice program, or any extended care facility or has the Proposed Insured been diagnosed or treated for AIDS or ARC? Yes No
- b. Has the Proposed Insured been diagnosed and/or treated for any of the following ailments within the past 3 years? Yes No
 • Heart Disease • Liver Disease • Cancer • Kidney Disease • Stroke • Lung Disease • Insulin Dependent Diabetes • Nervous Disorder

It is understood that the Company will use its current underwriting standards to determine whether the insured meets the requirements for reinstatement. Premiums paid, with this reinstatement form, will be returned if your policy is not reinstated. If reinstatement is approved, your policy will be reinstated to its original effective date.

Any person, who, with intent to defraud, submits a false or deceptive statement is guilty of insurance fraud which may result in loss of coverage under the policy.

Signature of Insured or Owner, if other than Proposed Insured

Date

Agent's Declaration - I certify that, to the best of my knowledge, the information provided on this reinstatement form is correct, this form was signed in my presence.

Signature of Agent

Date

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY
P.O. Box 3428 • Cincinnati, Ohio 45201-3428