



**Aetna Health and Life
Insurance Company**

Administrative Office
800 Crescent Centre Dr.
Suite 200
Franklin, TN 37067

Application for Reinstatement

from **Aetna Health and Life Insurance Company**

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- Print clearly and use blue or black ink.

1. Insured information

Full name of applicant *First, M.I., Last*

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Policy number to be reinstated

Telephone number

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1. Within the past 6 months, have you been medically diagnosed, treated, been prescribed medication for, or had surgery for any illness or injury? Yes No
2. Have you been advised by a medical professional to have tests, surgery, treatment or further evaluation for any illness or injury or are there any tests pending? Yes No
3. Are you taking or have you been advised to take any prescribed medications? Yes No

2. Details of "Yes" Answers

Date Type of injury or illness

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Fully recovered? Doctor/Hospital

Medication taken

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Date Type of injury or illness

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Fully recovered? Doctor/Hospital

Medication taken

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Date Type of injury or illness

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Fully recovered? Doctor/Hospital

Medication taken

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Date Type of injury or illness

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Fully recovered? Doctor/Hospital

Medication taken

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3. Applicant

If this policy is reinstated, such reinstatement shall be in accordance with the terms of the policy and shall not take effect until this application for reinstatement has been approved by the Company. If we reject your Reinstatement Application, we will return the monies you submitted with your Reinstatement Application.

I hereby apply to Aetna Health and Life Insurance Company for reinstatement of my lapsed policy to be reinstated in reliance on my written answers to the questions on this application. I have read and understand all statements and answers and that to the best of my knowledge and belief they are true, complete and correctly recorded. I agree that, if my policy is reinstated, such reinstatement shall be in accordance with the terms of the policy and shall not take effect until this application of reinstatement and the premium payment accompanying this application have been accepted and approved by the Company.

It is further agreed that reinstatement of this policy, if granted by the Company, shall be contestable for fraud or misrepresentation of any material facts stated in, or in connection with, this application for two years after the date of reinstatement.

Signature of applicant

Date

X

City

State

Zip

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Application for Reinstatement

4. Fraud warnings

Arkansas and Louisiana and Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of the insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Tennessee and Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy, is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or a deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.