



Guardian Life Centre, 12 Trafalgar Rd., P.O. Box 408, Kingston 5

**PRIME PROVIDER SPECIAL
APPLICATION AMENDMENT, REINSTATEMENT & CHANGE
CS 086**

Application #:..... for insurance on the life of

SECTION 1 – APPLICATION FOR CHANGE IN POLICY

This document shall form part of the application for insurance previously made by the undersigned and it is agreed that the application shall be deemed to be amended as follows:

Signed at this of 20
(Place) (Day) (Month) (Year)

.....
WITNESS

.....
³LIFE INSURED

.....
WITNESS

.....
OWNER (If other than Life Insured)

²TRN (Life Insured)

Section 2 - APPLICATION FOR REINSTATEMENT

GUARDIAN LIFE LIMITED is requested to reinstate **¹POLICY NO**

IT IS AGREED THAT:

- (a) All statements and answers contained in the Declaration of Insurability and in any current medical report or questionnaire are the bases of and part of the consideration for the reinstatement.
- (b) The application shall be deemed to be completed on submission of such evidence as may be required (which evidence is made part of this application) and the reinstatement shall be valid only if no alteration in the health of the proposed life insured has taken place between the date of submission of such evidence and the effective date of the reinstatement.
- (c) Any material misrepresentation made in this application or in any written statement submitted in connection herewith shall render the reinstatement null and void at the option of the Company and the terms of the policy immediately prior to the application for reinstatement shall apply.
- (d) Death by the life insured's own act, while sane or insane, within two (2) years from the effective date of this reinstatement, shall render the reinstatement voidable at the option of the Company.

The reinstatement made in consideration of this application, shall take effect, upon approval by the Company, as of the date of completion of the application or upon the date of payment of premiums in arrears, whichever is the later.

Signed at this day of 20
(Place) (Day) (Month) (Year)

.....
WITNESS

.....
LIFE INSURED

.....
WITNESS

.....
OWNER (If Other than Life Insured)

[Declaration of Insurability Overleaf]

DECLARATION OF INSURABILITY (FOR REINSTATEMENT & CHANGE)

¹Policy # Branch/Agency:
³Life Insured ²TRN Life Insured

1. Name in full: Date of Birth:
 Policy Mailing Address:
 E-mail address: Telephone No.:

2. Since the date of your application for the above numbered policy, have you:
- | | YES | NO |
|--|--------------------------|--------------------------|
| i. Consulted or been treated by anyone on account of your health? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Been diagnosed with cancer or any pre-cancerous growth, heart attack, heart disease, angina or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you now or have you within the past 12 months smoked cigarettes, cigars, pipes or used other tobacco-related products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. i. What is your present weight (in usual clothing)?lb.....oz. orkg.....g | | |
| ii. What is your present height (in shoes)?ft..... in. orm.....cm | | |

AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME):

5. Since the date of your application for the above numbered policy, have you:
- | | | |
|--|--------------------------|--------------------------|
| i. Received medical advice or treatment in connection with AIDS or an AIDS-related condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Been told you had AIDS or an AIDS-related complex? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Been told you had a positive blood test for antibodies to the AIDS Virus (Human Immune Deficiency Virus)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you in good health? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby declare that all answers and statements given in this Declaration of Health are, to the best of my knowledge, full, complete and true as at the date hereof. This Declaration is to be considered as part of the application, and as such application shall be the basis of the contract under Policy#

Signed at this day of 20.....
(Place) (Day) (Month) (Year)

.....
SIGNATURE OF LIFE INSURED

.....
WITNESS

For Official Use Only: Index by Policy #, TRN, Name of Life Insured
 Please scan both pages.