BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY SPC

APPLICATION FOR REINSTATEMENT

Policy number	Insured	Occupation

1. Since the issue date of the above-mentioned policy, has the insured:

		YES	NO
a.	Had any mental or physical disorder?…………	☐	☐
b.	Had a checkup, consultation, illness, injury, surgery?…………	☐	☐
c.	Been a patient in a hospital, clinic, sanatorium, or other medical facility?…………	☐	☐
d.	Been advised to have any: diagnostic test, hospitalization, or surgery, which was not completed?…………	☐	☐
e.	Had military service medical rejection or discharge?…………	☐	☐
f.	Any present or expected activity such as motorcycling, auto racing, sky diving, mountain climbing, hang gliding, parachuting or any other hazardous sports? (If yes, Avocation Form required)…………	☐	☐
g.	Been investigated, arrested or convicted of a crime?…………	☐	☐
h.	Had driving license suspended or revoked?…………	☐	☐
i.	Been involved in a car accident, convicted of driving under the influence of alcohol or drugs or have you had more than one traffic violation?…………	☐	☐
j.	Smoked cigarettes or used any other product derived from tobacco?…………	☐	☐
k.	Used any narcotics or any controlled substances with or without a doctor's prescription?..(If yes, Drug usage form required)…………	☐	☐
l.	Had any flights other than as an airline passenger or any expected? (If yes, Aviation form required)…………	☐	☐
m.	Ever been declined or deferred for life or health insurance or reinstatement; or offered a rated policy, or is an application now pending with any company?…………	☐	☐
n.	Had or been told you had Acquired Immune Deficiency Syndrome (AIDS), "AIDS" Related Complex (ARC) or "AIDS" related conditions?….	☐	☐
o.	Ever served or intend to serve in the Armed Forces or the Military Reserve?…………	☐	☐

2. GIVE COMPLETE DETAILS TO "YES" ANSWERS IN ITEMS 1(a) THROUGH 1(n)

No.	Name	Disease of Injury	Date	Details, Physicians, Hospitals, Addresses

IT IS REPRESENTED that to the best of my knowledge and belief, the statements made in the application are complete and true. It is agreed that: 1) Best Meridian International Insurance Company SPC may request additional evidence of insurability; 2) Best Meridian International Insurance Company SPC's receipt or holding of this application does not constitute reinstatement of the policy; 3) the policy shall not be reinstated until, during the lifetime of all persons who would be insured under this policy if reinstated and while their insurability remains as described in this application, Best Meridian International Insurance Company SPC has: (a) received all sums required, and (b) approved this application; 4) knowledge of an agent or medical examiner is not knowledge of Best Meridian International Insurance Company SPC, neither can pass upon insurability; 5) if the insured dies by suicide, whether sane or insane, within two years from the date of approval of this application, the reinstated policy will be declared void by the Company; 6) if within two years from the date of approval of this application, any of the statements and answers contained in this application are found to be untrue, the reinstated policy may be declared void by the Company.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INVESTIGATIVE CONSUMER REPORT, AND NOTICE CONCERNING THE MEDICAL INFORMATION BUREAU, BOTH OF WHICH WERE DELIVERED TO ME.

I authorize any physician, hospital, clinic or other medical or medically related facility, insurer or reinsurer, Medical Information Bureau, Inc., consumer reporting agency, or employer as follows. If they have information or records relative to other insurance coverage, or the medical care, advice, treatment, or diagnosis of any physical or mental condition, including information relating to the use of drugs or alcohol, of me or my minor children on whom insurance is applied for, to furnish such information to Best Meridian International Insurance Company SPC, or with the exception of MIB Inc., to Best Meridian International Insurance Company SPC legal representatives.

This authorization shall be valid for a period of thirty (30) months from the date signed. A photocopy of this authorization shall be as valid as the original. I may request a copy of this authorization.

POLICYOWNER IF OTHER THAN INSURED: ____________________

INSURED: ____________________

Witness ____________________

Signed at ____________________

This ________ day of ____________________ 20 _____

INSTRUCTIONS FOR COMPLETION:

A. The date and place of signing must be shown.
B. WITNESS: Best Meridian International Insurance Company SPC representative will witness signature if present. Otherwise, witness not required unless form signed (a) by a mark or (b) by a blind person.

Form No. 165 (BMII) Rev. 6/07

(AGENT: DETACH NOTICES BELOW AND GIVE TO POLICYHOLDER)

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INVESTIGATIVE CONSUMER REPORT PRE-NOTIFICATION

We may ask for an investigative consumer report in connection with your application. In addition, a report may be requested to update our records if you apply for more coverage. You may ask to be interviewed when the investigative consumer report is being prepared. We will, upon your written request, let you know whether a report was requested. If so, we will give you the address and telephone number of the agency making the report. By contacting the local agency and giving proper identification, you may inspect or obtain a copy of the report. The investigative agency may retain information they gather, and disclose it at a later date to other persons; however, this may be done only in accord with Federal and State Fair Credit Report Laws.

Typically the report will contain information as to your character, general reputation, and personal characteristics such as health, job and finances. When applicable, it will have information on your past and present employment record including job duties; driving record, health history; use of alcohol and drugs, finances, hazardous sport activities, and marital status. The agency may get information by talking to you or members of the family, business associates, financial sources, neighbors and others you know.

MEDICAL INFORMATION BUREAU (MIB) PRE-NOTIFICATION

Information regarding your insurability will be treated as confidential. Best Meridian International Insurance Company SPC or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, Inc. (MIB). The MIB is a non-profit membership organization of life insurance companies. It operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or submit a claim for benefits to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange the disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau, and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: 160 University Avenue, Westwood, MA 02090. Telephone number (781) 329-4500.

Best Meridian International Insurance Company SPC or its reinsurer(s) may also release information in its file to other life insurance companies to which you may apply for life or health insurance, or submit a claim for benefits.