Underwriting

Reinstatement Application Form

This reinstatement application form must be completed in full by the life or lives assured on the contract number stated below. Please use a separate application form for joint lives assured.

Contract Number:

Life Assured name in full:

Country of residence:

Date of birth (dd/mm/yyyy):

Sex (please tick): Male ☐ Female ☐

Current occupation and duties:

The life assured is reminded of the duty to disclose any changes in health or occupation until they have been notified by RL360 Insurance Company Limited ("the Company") in writing that the contract has been reinstated.

Your application will be considered for reinstatement and may be subject to full underwriting.

The Company reminds the contract owner(s) that in accordance with the Contract *Terms and Conditions*, no claim for Critical Illness or Waiver of Premium can be submitted if the symptoms first manifest themselves during the period of 90 days following reinstatement.

Section 1 – Lifestyle details

This section must be completed in full. If you answer yes to any question please provide additional information in Section 3.

Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable.

Life Assured

1.1 Please insert existing policy number(s) here

1.2 Is there any feature of your lifestyle, work or leisure activities or any other circumstances or fact which might affect or threaten your health or life expectancy? Yes ☐ No ☐

1.3 Has any insurer ever declined, postponed or accepted an application on your life on special terms, or have you withdrawn an application? Yes ☐ No ☐

If yes, please state the company(ies), reason(s) and date(s) in Section 3

1.4 Do you have any other existing insurance benefits or are you applying or expecting to apply for insurance benefits with other companies, or do you intend to discontinue any existing cover? Yes ☐ No ☐

Please state the total amount of life and critical illness cover taken out on your life in the last 12 months, including reinstated policies, and the cover currency in Section 3.

You can count on us RL 360

Section 1 – Lifestyle details continued

Life Assured

1.5 Please state your height — feet ☐ inches ☐☐ / cms ☐☐☐

1.6 Please state your weight — pounds ☐☐☐ / kgs ☐☐☐

1.7 In the past 12 months have you used tobacco products (cigarettes, cigar or chewing?) — Yes ☐ No ☐

If yes, please state your daily consumption

1.8 Do you intend to fly, other than as a fare paying passenger on licensed commercial airlines or participate in any hazardous pursuits? For example underwater diving, motor racing? If yes, please complete the Supplementary Aviation or Pursuit Questionnaire. — Yes ☐ No ☐

1.9 Will you be out of your stated country of residence for 30 days or more in any one year? If yes, please state full details of countries to be visited, nature of visit and length of stay in Section 3. — Yes ☐ No ☐

1.10 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 3. — Yes ☐ No ☐

Current medical attendant

Please provide details of your usual medical attendant/attending physician below. If you have no usual medical attendant/attending physician, please provide details of the last doctor you consulted and the reason.

Life Assured:

Name of doctor:

Number of years attended:

Address (in full):

Postcode:

Country:

Date of last visit (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Reason for last visit:

Results of last visit:

(If you require more space, please continue on a separate sheet.)

Section 2 – Medical questions

This section must be completed if any of the contract benefits have been selected. If you answer yes, please provide additional information in Section 3.

Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable.

2.1 Have you ever been advised to give up tobacco and/or alcohol for any specific reason? Yes ☐ No ☐

2.2 Have either your drinking or tobacco habits differed in the last five years? Yes ☐ No ☐

2.3 Please state the specific amount of your average weekly consumption of alcohol (quantity and type).

beer (in litres) ☐

wine (75cl bottles) ☐

spirits (measures) ☐

Do you have or have you ever had any of the following?

2.4 Heart or circulatory disorders eg high blood pressure, stroke, chest pains, heart murmur, palpitations, rheumatic fever, blood vessel disorders, elevated cholesterol? Yes ☐ No ☐

2.5 Respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis? Yes ☐ No ☐

2.6 Disorders of the digestive system, gall bladder or liver eg duodenal ulcer, bleeding from the bowel, hepatitis? Yes ☐ No ☐

2.7 Disease or disorder or infection of the kidneys, bladder or reproductive organs eg protein or blood in the urine, stones, prostatitis, venereal disease, bilharzia? Yes ☐ No ☐

2.8 Nervous, neurological or mental complaints eg fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety state, depression? Yes ☐ No ☐

2.9 Ear, eye, nose, throat or skin disorders eg ear discharge, defective vision, recurrent tonsillitis, porphyria, psoriasis, dermatitis? Yes ☐ No ☐

2.10 Disorders or disease of muscles, bones, joints, limbs or spine eg rheumatism, arthritis, gout, slipped disc, other back or neck troubles? Yes ☐ No ☐

2.11 Diabetes, sugar in urine, blood or spleen disorders, thyroid or other glandular disorders? Yes ☐ No ☐

2.12 Cancer, leukaemia, tumour or growth of any kind? Yes ☐ No ☐

2.13 Are any medicines or drugs currently prescribed for you, or are you receiving any medical or psychiatric treatment or advice or awaiting surgery? Yes ☐ No ☐

2.14 Have you received, or do you expect to receive, any advice, counselling, treatment or blood tests in connection with AIDS, HIV or an HIV related disorder or any sexually transmitted disease including Hepatitis B? Yes ☐ No ☐

2.15 Have you ever been counselled or treated in connection with alcohol or drugs? Yes ☐ No ☐

2.16 Does/has any member of your immediate family:

If you answer yes to any of the following please provide full details including your relationship to the family member and their age at diagnosis/death in Section 3.

i) suffer/ed from cancer, diabetes, stroke, kidney disease, multiple sclerosis, heart disease, high blood pressure? Yes ☐ No ☐

ii) suffer/ed from any hereditary disease? Yes ☐ No ☐

iii) died before the age of 65? Yes ☐ No ☐

Section 3 – Additional information

Where any questions(s) have been answered yes, or where further details are required to any answers please provide as much information as possible in the space provided below. Please state which question the details relate to.

Question number	Details

Declaration

I declare that the information given in this Reinstatement Application Form is true to the best of my knowledge and belief.

I consent to the Company seeking information from any medical practitioner who at any time has attended me or any insurer to whom I have at any time made a proposal for insurance and I authorise the giving of any such information. I further irrevocably authorise any doctor, hospital, medical institution or other person to disclose information which may be related to my occupation, physical or mental health, including the results of any tests, to the Company and that I agree that this authorisation shall remain in force after my death.

I declare that I have read and understood the important notes within this reinstatement form and that all the statements made by me, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and I have disclosed all relevant information concerning this reinstatement form whether or not covered by the questions in this form or any supplementary questionnaires which might influence the Company's decision concerning this reinstatement including whether to assume risk and the amount of premiums(s).

Please reinstate my contract in accordance with this Reinstatement Application.

Data Protection

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Signature of Life Assured:

Dated (dd/mm/yyyy):

Witnessed by Introducer:

Dated (dd/mm/yyyy):

Important notes

The contract will not be reinstated until such time as the Company has advised the contract owner that the reinstatement application has been accepted and all outstanding premiums due under the contract have been paid.

The Company accepts no responsibility for any premiums paid until the Company has received that premium at one of its specified offices.

For more information contact:

RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.
Tel: +44 (0) 1624 681 578 Fax: +44 (0) 1624 690 578
Email: csc@rl360.com

Internet:

www.rl360.com

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