

# RE-INSTATEMENT/RE-ACTIVATION FORM

CHOOSE WHERE APPLICABLE (Please tick)

RE-INSTATEMENT

RE-ACTIVATION

## MAIN MEMBER'S DETAILS

Policy Number:

ID:

Full Names:

Surname:

Contact Number:

## PREMIUM PAYER DETAILS (if different from the main member)

Full Names:

Surname:

Contact Number:

ID:

## BANK ACCOUNT DETAILS

Bank Name:

Branch Code:

Account number:

Type of Account:

Deduction Date:

Premium Amount:

## DECLARATION

### Reinstatement of Policy

- Your policy may be reinstated by resuming premium payments within 5 months from your last premium payment.
- All arrear premiums **MUST** be paid to bring the policy up to date at reinstatement.
- No waiting period will be applicable at reinstatement if the initial waiting period was fully completed.

### Re-activation of Policy

- Policy RE-ACTIVATION will take effect if it has been over 5 months since your last premium payments.
- A full waiting period will be served at Policy Re-activation.
- No arrear premium payment will be payable.

I hereby allow Dignity Group to:

RE-INSTATEMENT

RE-ACTIVATION

Signature by Premium Payer:

Date:

## DOCUMENTS NEEDED

1. Signed stop order for persal /mandate for debit order

## FOR OFFICE USE ONLY

Last Premium paid Date:

Previous Deduction Mode:

Name of the Representative:

Admin Name:

New Deduction Mode:

Date: