American General

Application to Reinstate Group Insurance

The United States Life Insurance Company in the City of New York

New York, New York

Administrative Office: 3600 Route 66, Neptune, NJ 07753

Application for Reinstatement applies only if your group policy was terminated due to non-payment of premium.

NOTE: The United States Life Insurance Company in the City of New York will **only** review this application IF THE EMPLOYER:

1. Completes all the information requested below, and
2. Remits a premium payment equal to the amount which:
- was due on the date insurance ended, PLUS
- would have been due from the date insurance ended to the date this application is signed.

Please print or type all information requested.

EMPLOYER DATA

1. Name of Employer: ____________________

2. Group Policy No.: ____________________ 3. Amount Remitted: $ ____________________

CLAIMS DATA

4. Since the date insurance ended, has any eligible person:

	YES	NO		YES	NO
a. become disabled?	☐	☐	b. incurred dental/vision expenses?	☐	☐
c. been hospitalized or died?	☐	☐	d. incurred medical expenses?	☐	☐

If "yes" to any part of this question, give details below (include names, dates and causes): ____________________

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EMPLOYEE ELIGIBILITY

A FULL TIME EMPLOYEE IS ONE WHO:
- works at least 30 hours per week
- works your regular work schedule, and
- performs his job for full pay
- works at your place of business

5. How many full-time employees do you have? ____________________

6. How many full-time employees are eligible for coverage? ____________________

7. What class(es) of employees are excluded from coverage? ____________________

8. For which coverage(s) do the employees pay part of the cost?

	YES	NO		YES	NO
Life	☐	☐	Employee Health	☐	☐
Disability	☐	☐	Dependent Health	☐	☐

EMPLOYER'S DECLARATION

1. To the best of my knowledge and belief, all the statements and answers in this application are true.
2. I understand that if The United States Life Insurance Company in the City of New York accepts this application, the group's insurance will be reinstated on the date in writing by The United States Life Insurance Company in the City of New York.
3. I understand that reinstatement, if approved, applies **only** to coverages that are insured and administered by The United States Life Insurance Company in the City of New York. Requests to reinstate coverages that are insured and administered by another insurance company, if applicable, should be directed to that carrier.

____________________ Date

____________________ Print Name of Officer, Partner or Proprietor

____________________ Witness

____________________ Signature of Officer, Partner or Proprietor