



Paramount Life & General Insurance Corporation

11th Floor, Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City, 1229, Philippines
Telefax: 772-9264
Email: directmarketing@paramount.com.ph

Madaling Kausap.

REINSTATEMENT DECLARATION

PART A

NAME _____	POLICY NO. _____
BIRTHDATE _____	AGE _____
EMPLOYER _____	OCCUPATION _____
CELL PHONE NO. _____	TEL. NO. _____

I hereby declare that during the past five years (5) years:

1. I have never consulted a doctor for medical treatment or advice for treatment nor have I been taking medications nor have been confined in a hospital, clinic or similar institution.
2. I have never been medically advised that I had: heart trouble, high blood pressure, cancer, diabetes, epilepsy or tuberculosis.
3. I am not aware of any impairment in my health or physical condition.

**IF THIS DECLARATION CANNOT BE SIGNED WITHOUT EXCEPTION,
PLEASE COMPLETE PART B (below).**

Please note that this policy will be considered for reinstatement on the basis of the above declaration. This policy will cover loss resulting from injury which occurs after Paramount Life & General Insurance Corporation receives your premium and approves the reinstatement. Loss due to sickness will be covered provided that it began more than ten (10) days after the date of reinstatement. The Pre-Existing Conditions Limitation, Incontestability and Death by Self-Destruction provisions of the Policy, if applicable, will start to run anew from the date of the approval of this reinstatement.

I authorize Paramount Life & General Insurance Corporation to move my Policy Date, if applicable, in connection with the reinstatement of my policy by redating method.

SIGNATURE ✓ _____ DATE _____

It is important that you sign and date this form on the spaces provided.

PART B

(To be completed if any or all of the above declarations cannot be signed without exception.)

NAME OF DOCTOR _____

ADDRESS OF DOCTOR _____

DATE/S OF CONSULTATION/S _____

REASON FOR CONSULTATION _____

RESULT OF CONSULTATION (Indicate Details) _____

SIGNATURE ✓ _____ DATE _____

It is important that you sign and date this form on the spaces provided.