

Please print and sign this document and return via mail or fax to LifeHelp with payment.

New York Life Health Statement

Reinstatement Form for Life Insurance Coverage

To reinstate your policy, New York Life Insurance Company's guidelines require that we receive this signed statement with your payment within 61 days of your last premium due date. LifeHelp is the Plan Administrator for your credit union's Life insurance program underwritten by New York Life.

Please fill in the member information, sign, date and return this statement with your payment.

Member Information:

Member Name: _____

Credit Union: _____

Member's Address: _____

City, State ZIP: _____

Member Phone Number: _____

You must read and sign this statement and send with your payment. Yes, I want to reinstate my life insurance coverage from New York Life Insurance Company which lapsed. Neither I, nor my eligible dependents, if insured, have been disabled, hospital confined, or have learned of any medical conditions since my insurance lapsed. I'm enclosing my payment for past due premium and reinstatement.

Signature of Account Holder

Date

Signature of Covered Spouse

Date

Return completed form and payment to:

LifeHelp • P.O. Box 492517, Redding, CA 96049-2517 • FAX: (530) 223-7712