APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE POLICY
NASSAU LIFE INSURANCE COMPANY
PO Box 22012, Albany, NY 12201-2012

PART II

1. Name of Proposed Insured (as it appears on Part I.)

_____
First Middle Last

2a. Has the Proposed Insured ever been treated for alcoholism? ☐Yes ☐No

b. Has the Proposed Insured used illegal drugs in the past 10 years or been treated for any drug habit? ☐Yes ☐No

3. Has the Proposed Insured ever been under observation in a hospital, sanitarium, or mental health institution? ☐Yes ☐No

4a. Has the Proposed Insured ever had any surgical operation? ☐Yes ☐No

b. Has the Proposed Insured ever been advised by a licensed member of the medical profession to have any surgical operation which has not been performed? ☐Yes ☐No

5. Has the Proposed Insured had an electrocardiogram, x-ray EKG, stress test or nuclear test, echocardiogram, heart catheterization, colonoscopy, endoscopy, mammogram, sonogram, CT scan, MRI, IVP, PET scan or pulmonary function test within the past 5 years? ☐Yes ☐No

(Circle applicable items)

6. Within the last 10 years has the Proposed Insured been diagnosed or treated by a physician or medical practitioner for:

(Circle applicable items)

a. Rheumatic fever, shortness of breath, chest pain, high or low blood pressure, epilepsy, depression, fainting, sleep apnea or dizzy spells? ☐Yes ☐No

b. Duodenal or gastric ulcer, chronic indigestion, bowel disorder or albumin, sugar or blood in urine? ☐Yes ☐No

c. Tuberculosis, asthma, allergic conditions, or blood spitting? ☐Yes ☐No

d. Cancer, cysts, hernia, goiter or diabetes? ☐Yes ☐No

e. Arthritis, back or spine disorder or impaired vision or hearing? ☐Yes ☐No

f. Has the Proposed Insured ever been diagnosed as having or treated for ARC or AIDS by a member of the medical profession? ☐Yes ☐No

7. Within the last 10 years has the Proposed Insured been diagnosed or treated by a physician or practitioner for any ailment or disease of the:

a. Brain or nervous system? ☐Yes ☐No

b. Heart or blood vessels? ☐Yes ☐No

c. Lungs or other respiratory organs? ☐Yes ☐No

d. Stomach, intestines, liver or gallbladder? ☐Yes ☐No

e. Kidneys or other genito-urinary organs? ☐Yes ☐No

f. Bones, glands, or skin? ☐Yes ☐No

8. Within the last 5 years has the Proposed Insured:

a. Been diagnosed or treated by a medical practitioner for any illness, disease, or injury that is not included in your other answers? ☐ Yes ☐ No

b. Consulted or been examined or treated by any physician or practitioner not named in connection with your other answers (other than HIV)? ☐ Yes ☐ No

(If yes, include name of each doctor and reason for visit below)

_____

_____

_____

9. Is the Proposed Insured pregnant? ***(If yes, include month of pregnancy)*** ☐Yes ☐No

_____

10. Name & address of Proposed Insured's personal physician

_____

_____

11. Have any of the Proposed Insured's parents, brothers or sisters ever had heart disease, diabetes or cancer? (If "Yes", please indicate who, what illness and at what age diagnosed) ☐ Yes ☐ No

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_____

12. **Details in connection with any "Yes" answers to questions (**Attach an additional sheet if necessary**)**			
Question No.	Dates	Name and Address of Each Physician or Hospital	Furnish full details, including nature or injury, number of attacks, duration, severity, treatment, results and other pertinent information.

All of the above answers are full, complete and true to the best of my knowledge and belief and are a continuation of and form a part of the Reinstatement/Rate Reduction Application for Insurance to Nassau Life Insurance and Annuity Company.

Dated at _____this _____ day of _____, 20_____
City State Day Month Year

Signature of Proposed Insured
or of Parent/Guardian if Proposed Insured is age 0-14

_____

Signature of Proposed Owner
(if other than Proposed Insured)

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