

REQUEST FOR REINSTATEMENT

Group ID: _____ BL number: _____

Termination Date: _____

You have our assurance that no claims have been incurred from the termination date to the date signed below. Yes No

All employees to be insured are actively at work on the date signed below. Yes No

If no, indicate all absent employees below. Include diagnosis of any sickness or injury and show other reasons such as vacation or maternity leave.

EMPLOYEE	REASON FOR ABSENCE	LENGTH OF ABSENCE

Please check the box if you are interested in ACH: Yes No

Please provide an explanation of why the termination occurred and what is being done to avoid future terminations: _____

We will agree to pay within the grace period of our policy in the future.

_____ Company Name

_____ Signature

_____ Title

_____ Name (type or print)

_____ Date