

<b>1. General Information</b>		Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
		Mailing Address	Policy Number	
		Address Abroad (If applicable)	Email Address	
Telephone No./Mobile	Telephone No. Abroad (if applicable)	Occupation	TIN	

<b>2. Health declarations</b>	<input type="checkbox"/> Straight <input type="checkbox"/> Redate	INSURED		PAYOR		<i>Number the answer to correspond to the question. Give full particulars, condition, dates, duration and results. Give full names and addresses of doctors, hospitals and clinics. State name of person referred to.</i>
		No	Yes	No	Yes	
1. Is the Life Insured or Payor/Owner in good health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the Life Insured or Payor/Owner actually at work or is physically able to discharge fully his/her duties or responsibilities in the life work he/she is presently engaged in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Since this Policy was initially approved or from its last Reinstatement, has the Life Insured or Payor/Owner:						
a) Had any illness, injury, operation, treatment or consulted, been advised or examined by any doctor or other medical practitioners except as required by Manulife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Changed his/her occupation, country of residence or aviation activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Had any new application of insurance or existing policy with other company/ies on his/her life, declined postponed or offered or reinstated with restricted benefits at other than standard rates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Height and Weight		Ht _____	Ht _____			
		Wt _____	Wt _____			
5. Will anyone other than the Insured/Owner be paying for this policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the Insured/Owner or any direct relative of either person ever held a senior position in the government, a political, the military, any tribunal or government-owned corporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. The Life Insured and any Payor/Owner declare that "we have read the statements and answers in the above Health declaration and, to the best of our knowledge and belief, they are complete and true."

2. Manulife Philippines is requested to reinstate the above-numbered policy. It is agreed that except from non-payment of premiums or any other grounds recognized by the law and jurisprudence, the Company cannot contest this policy after it has been in force during the lifetime of the insured for two(2) years from its date of last approved reinstatement. This incontestability period will not apply to supplementary contracts relating to benefits payable in the event of total disability and benefits which grant additional insurance specifically against death by accidental means.

**Requirement:**  
Duly filled out Reinstatement form  
Photocopy of Two (2) Valid IDs

**Important: Non-Med form is required for the following:**

1. If life insured is 51 years old and up.
2. If policy has lapsed for more than a year.
3. If requesting for a redate reinstatement

*\*Additional requirements may be requested depending on the Underwriting evaluation.*

<b>3. Signatures</b>	Date signed	Place signed
Name and signature of Life Insured		Name and signature of PolicyOwner/Payor
Name and signature of Agent/Witness		Agent's Code