

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

A STOCK COMPANY

P.O. BOX 1154, Glenview, Illinois 60025-1154

REINSTATEMENT APPLICATION

I apply to reinstate my policy number _____. I understand that the reinstatement will be based on my answers to the questions below.

NOTE: Applicant need not disclose HIV (AIDS Virus) tests administered to a criminal offender or crime victim as a result of a crime reported to the police. Applicant need not disclose HIV (AIDS Virus) tests administered as a patient receiving the services of emergency medical personnel at a hospital or medical care facility. Applicant need not disclose HIV (AIDS Virus) tests administered to "emergency medical personnel" tested due to performing emergency medical services. "Emergency medical personnel" includes individuals employed to provide pre-hospital emergency services. These individuals include: licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, crime lab personnel, or correctional guards. "Correctional guards" include security guards at the Minnesota security hospital who experience significant exposure to an inmate transported to a facility for emergency medical care. "Emergency medical personnel" also include other individuals serving as volunteers to an ambulance service and provide emergency medical services. Applicant need not disclose HIV (AIDS Virus) tests administered to individuals who render assistance at the scene of an emergency, or while an injured person is being transported to receive medical care. If such individuals qualify for immunity under the good Samaritan law.

1. During the past 5 years, has any person covered under this policy been treated by a physician or medical practitioner or been hospitalized for treatment?

_____ Yes _____ No

If yes, please give details _____

2. Has any person covered under this policy been diagnosed by a medical practitioner with a chronic illness or a condition which requires periodic medical care or future surgery?

_____ Yes _____ No

If yes, please give details _____

To the best of my knowledge and belief, I represent that my answers to the above questions are complete and true. I understand and agree that the reinstatement applied for **will not take effect until the reinstatement premium is paid and this application is approved by the company.**

Signature

Date

Here's how to apply for reinstatement of your valuable protection.

1. Complete the Reinstatement Application below.
2. Be sure to write the policy number in the space provided on the Reinstatement Application. You will find your policy number on the enclosed Premium Notice.
3. Make your check or money order payable to United National Life for the amount shown on the Premium Notice.
4. Return this Reinstatement Application, your check or money order together with the Premium Notice immediately. Do not send cash.

You will be notified as quickly as possible regarding the status of your reinstatement. If you have any questions, please call 1-800-207-8050.



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Please be sure to complete and return as instructed.