



14 Rudland Avenue

Belvedere

Harare

Dear _____

Ref: Policy number _____

According to our records, no payments have been received for _____ months. We have to inform you once again that your policy is in a lapsed state and **may be reinstated upon payment of all outstanding premiums including the premium for the current month and a waiting period of 2 months shall apply. We will only start counting the waiting period from the date all outstanding premiums are paid.**

Answer the following questions and give details where the answer given is “yes”

1. Does the policyholder or any other person insured under this policy now have any diseases, deformities or impairments either physical or mental?	YES	NO
2. Has the policyholder or any other person insured under this policy been referred or admitted to a hospital, sanatorium, clinic or other institution for diagnosis, observation, operation or treatment?	YES	NO

Provide full details for all “yes” answers from above:

Insured Name	Condition	Date occurred	Recovery complete?	Doctor's name & address

NOTE: If your policy lapsed over 12 months ago, you will need to complete a new application form instead.

I _____ , understand and accept the terms of this reinstatement.

Policyholder's signature _____ Date _____

Witness (Moonlight Official) Full Name and signature _____

Date _____