



# APPLICATION FOR RESTORATION OF COVERAGE

Underwritten by New York Life Insurance Company

Complete this form and return to:  
Manulife, OMA Administrator, P.O. Box 17001, Stn Waterloo, Waterloo, Ontario N2J 0G5. manulife.ca  
For questions, please call: 1-888-596-8881

Name:		Social Security Number (Last 4 digits):
Address:		
City:	State:	Zip:

Statement to New York Life Insurance Company in order to restore coverage lapsed as of \_\_\_\_\_ .  
(mm/dd/yyyy)

Group Policyholder Name \_\_\_\_\_ Group Policy Number \_\_\_\_\_

## APPLICANT

Member: Last Name	First	Initial	Certificate Number

Spouse (If Applicable): Last Name	First	Initial	Certificate Number

## STATEMENT OF HEALTH

Since the Date of the above referenced Lapsed Coverage, have you or your spouse (if applicable): **YES** **NO**

1. Consulted a physician or any other medical practitioner *including* a routine or checkup examination, or received medical treatment for any reason, *excluding* testing for HIV?  
*(If "Yes" give full details below)*
2. Been medically diagnosed as having any illness, disease, injury or become pregnant?  
*Pregnancy question does not apply to Life Insurance. (If "Yes" give full details below)*
3. Been hospitalized or had an operation? *(If "Yes" give full details below)*

*(Attach a separate sheet if necessary, then sign and date it.)*

Date	Nature of the illness or injury, number of attacks, treatment and results	Names and Addresses of physicians, practitioners and hospitals where confined or treated	Please indicate if this applies to Member or Spouse

I hereby declare that to the best of my knowledge and belief the statements I have made are true and complete. This Application is part of my original application. I authorize you to rely on the information in such application. I attest to having read the Fraud Notices indicated on the reverse of this page.

THIS APPLICATION IS TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE

Applicant's (Member) Signature X \_\_\_\_\_ Date \_\_\_\_\_

Applicant's (Spouse, if applicable) Signature X \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Signature (if owner is not the insured) X \_\_\_\_\_ Date \_\_\_\_\_

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## FRAUD NOTICES

**FRAUD NOTICE – For Residents of all states except those listed below and NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**RESIDENTS OF CO:** *the following also applies:* Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**RESIDENTS OF AL/AR/LA/RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**RESIDENTS OF CA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

**RESIDENTS OF D.C.:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**RESIDENTS OF FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**RESIDENTS OF KS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law.

**RESIDENTS OF ME:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**RESIDENTS OF MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**RESIDENTS OF NJ:** WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**RESIDENTS OF NY:** *For accident and health insurance only,* any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**RESIDENTS OF OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**RESIDENTS OF PUERTO RICO:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**RESIDENTS OF TN/WA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**RESIDENTS OF VA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.