



First Guarantee Life Assurance Company, Inc.
 First Life Center 174 Sakedo Street, Legaspi Village, Makati City, 1229 Philippines
 Tel. No (632) 893-3024 Fax No. (632) 816-4707 Web: www.firstlife.com.ph

REINSTATEMENT QUESTIONNAIRE

Policyowner: _____ Height: _____ Weight: _____ Policy Number _____
 Life Insured: _____ Height: _____ Weight: _____

Note: If any question is answered "YES", please contact your servicing agent or our Customer Service Department for further assistance.

LIFE INSURED		POLICYOWNER	
Yes	No	Yes	No

1. Are you presently disabled by illness or injury or otherwise prevented from performing on a full time basis any of the duties of your occupation? If yes, provide details.

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2. For the past 2 years, have you been treated, told or is aware that you had chest pains, high blood pressure, disease of the brain or nervous system, heart, blood or blood vessels, lymphatics, lungs, stomach, intestines, rectum, liver or gall bladder, kidneys, prostate or other genito-urinary organs, ears, eyes, nose, bones or skin, thyroid or other glands or soft tissue, AIDS or AIDS related condition? If yes, provide details.

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3. For the past 2 years, have you been admitted or been advised to be admitted to a hospital or other medical facilities, or had surgery been performed or recommended? If yes, provide details.

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4. Has there been any change in your occupation?

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5. For FEMALES only: Are you pregnant? If yes, how many months? _____

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Signed at _____ on _____.

 Witness (Signature over Printed Name)

X _____
 Policyowner (Signature over Printed Name)

 If Agent, Code Number

X _____
 Life Insured (Signature over Printed Name)