

Standard Insurance Company

800.348.3226 Tel
920 SW Sixth Avenue Portland OR 97204

Application for Reinstatement

Group Name:	Group Number:	Date:	
Your Name:	Title:	Phone No.:	ext.
Mailing Address:	City:	State:	Zip:

PLEASE READ CAREFULLY: The decision to approve or decline reinstatement will be based on your responses to the following questions. Please be as complete as possible and substantiate your case for reinstatement. **In order to facilitate your request for reinstatement, please return this form to Standard Insurance Company as soon as possible.**

Reason for late premium payment. *Check reason(s):*

Administrative Issues. Please explain:

Other:

What changes are in place to assure timely payment in the future?

You are a valued client and we appreciate your time and effort in completing this reinstatement application. Please be assured that upon receipt of this application in our Home Office, careful consideration will be given towards the reinstatement of your group policy with Standard Insurance Company. Please be advised that completion of this application must be done by an authorized Representative of the group.

Balance Due \$ _____ + Reinstatement Fee \$ _____ = Total Amount Due \$ _____

Signature and Title of Group's Authorized Representative

Date

FOR HOME OFFICE USE ONLY

Refer to: _____

Mail Drop: _____

Reinstatement

Approved

Declined

Reinstatement Fee

\$100.00 for 1st Termination

\$200.00 for 2nd Termination

\$300.00 for 3rd Termination

Other: _____

Reason for provisions of approval/denial of reinstatement:

By _____ Date _____