
Reinstatement Application
Medical Excess Loss Coverage

Policyholder Legal Name _____

Policy Number _____

Medical Excess Carrier _____

Policy Effective Date _____

Proposed Effective Date of Reinstatement _____

WE may, at OUR option, approve YOUR request to reinstate this Policy. YOU shall submit to US any forms and data WE may require, including representation as to losses Incurred or Paid as of the date of YOUR request for reinstatement. WE also require the attached Disclosure Statement to be completed and signed by an authorized officer of the Policyholder to be considered for reinstatement. YOU shall pay to SLG the premiums due from the date the policy was terminated within 7 business days of written acceptance of reinstatement from SLG Benefits & Insurance, LLC.

No coverage under this Policy will be in effect until reinstatement premium is received by SLG Benefits & Insurance, LLC. For coverage to remain in effect, each subsequent premium is due on or before the Premium Due Date. YOU are responsible for the payment of premiums. Payment of premium to YOUR TPA does not constitute payment to US. Premium is not considered Paid until the premium check is received at OUR Home Office and sufficient funds are transferred from YOUR account into OUR account.

A Grace Period of 31 days from the due date will be allowed for the payment of each premium after the reinstatement premium is received, During the Grace Period, the coverage will remain in effect, provided the premium is paid before the end of the Grace Period. If YOU do not pay the premium during the Grace Period, this policy will terminate without further notice, retroactive to the date for which premiums were last paid.

Upon termination of this Policy, or coverage hereunder, if the earned premium exceeds the premium paid, You will pay the excess to US; if less, WE will return to YOU the unearned portion of the premium paid, subject to the MINIMUM PREMIUM, if any, shown in the Schedule.

Authorized Signature (Policyholder)

Authorized Signature (SLG Benefits & Insurance)

Title

Title

Date

Date