

Vantage Reinstatement Procedures

Overview

If a policy lapses after the end of a grace period, it may be reinstated. Reinstatement can be considered within five years from the start of such grace period. It must be reinstated and processed on the monthly policy date (i.e. monthiversary). This article describes the steps that need to be taken to properly and completely reinstate an insured's policy.

About This Topic

There are three forms of Reinstatement:

- **Automatic Reinstatement** – considered up until 90 days from next risk purchase date - no applications required
- **Short Form Reinstatement** – considered between 91-120 days from next risk purchase date and requires our 'short form' Reinstatement Application Form 8019 (LSW) or 1457 (NL), HIPAA Form 8164 & Reinstatement Charge
- **Full Reinstatement** – considered after 121 days and up to 5 years from the next risk purchase date and requires full applications and medical requirements depending on face and age of insured.

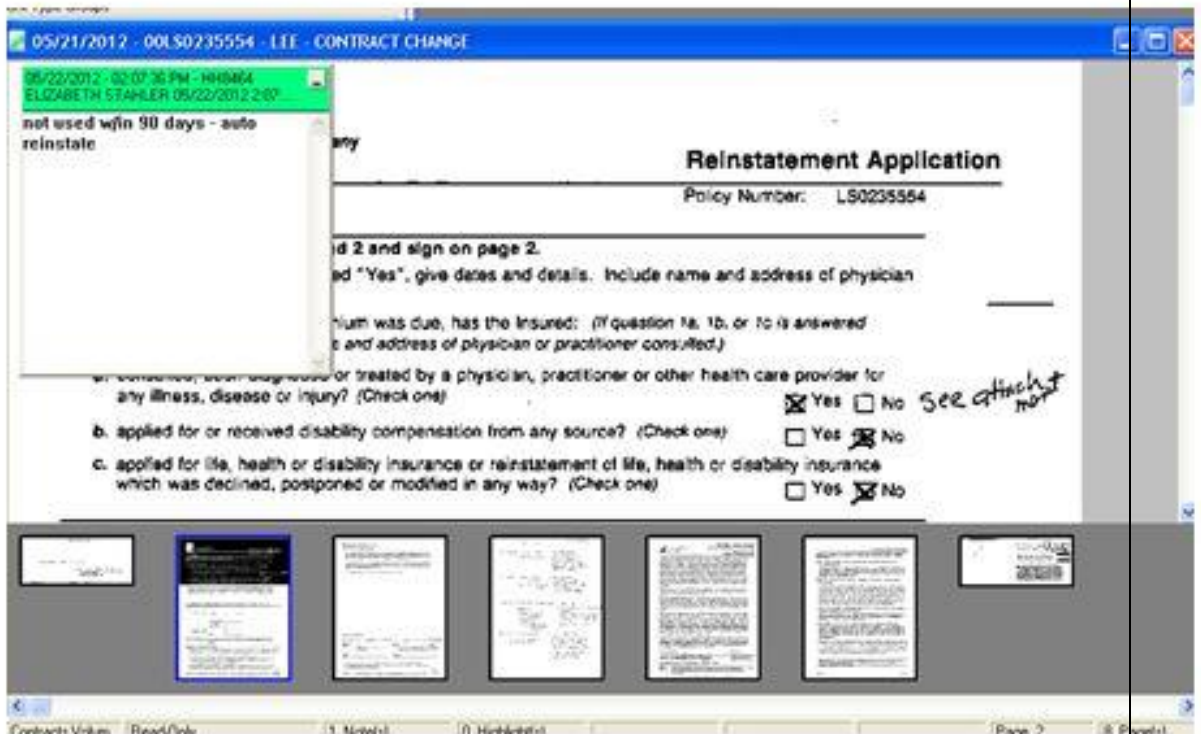
Procedure

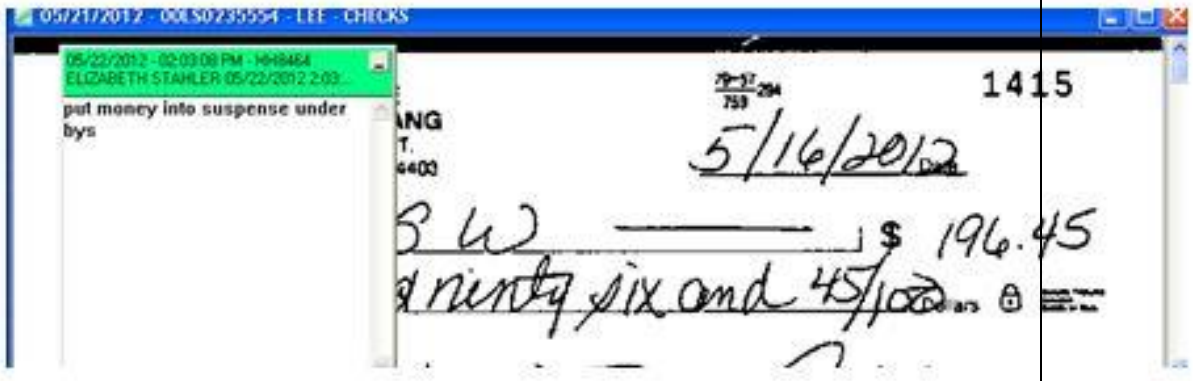
Day 1

Step	Action
1	<p>Receive paperwork.</p> <ol style="list-style-type: none">1. If received before 120 days from next risk purchase date, open the Reinstatement Application Form 8019 (LSW) or 1457 (NL), HIPAA Form 8164, and Reinstatement Charge.2. Observe exactly what date the paperwork was received on, and when/if money has been received.3. Proceed to the next step with this date in mind.

2	<ul style="list-style-type: none"> • If the paperwork and/or money is received <i>within</i> 90 days, see Automatic Reinstatement. • If the paperwork is received after 90 days from next risk purchase but prior to 120 days, see Short Form. • If paperwork is received after 90 days of next risk purchase date but prior to 120 days with questions answered in #1 as 'Yes' w/ explanations or checked 'No' in #2 w/ answer other than child, student, stay at home parent or retired, see UW Approval Required. • If the paperwork is received <i>after</i> 120 days from next risk purchase, see Full Reinstatement.
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Automatic Reinstatement

Step	Action
1	<p>Place note on paperwork stating "paperwork not used w/in 90 days – auto reinstate" and re-index paperwork under Reinstatement Paperwork in OnBase.</p>  <p>The screenshot shows a 'Reinstatement Application' form. At the top, it says '05/21/2012 - 00LS0235554 - LEE - CONTRACT CHANGE'. Below that, a green box contains the text '05/22/2012 - 02:07:36 PM - HQ0004 ELIZABETH STAHLER 05/22/2012 2:07'. A handwritten note in the left margin says 'not used w/in 90 days - auto reinstate'. The form itself has the title 'Reinstatement Application' and 'Policy Number: LS0235554'. It includes instructions: 'Read and sign on page 2.' and 'If "Yes", give dates and details. Include name and address of physician'. There are three questions with checkboxes: 'a. ...has the Insured: (If question 1a, 1b, or 1c is answered "Yes", give dates and details. Include name and address of physician or practitioner consulted.)' with 'Yes' checked; 'b. applied for or received disability compensation from any source? (Check one)' with 'No' checked; and 'c. applied for life, health or disability insurance or reinstatement of life, health or disability insurance which was declined, postponed or modified in any way? (Check one)' with 'No' checked. A handwritten note 'see attached not' is next to the 'No' for question c. At the bottom, there are several thumbnail images of other documents.</p>

2	<p>Send check to the billing department.</p> <ol style="list-style-type: none"> 1. Be sure to add the note "Please put money into suspense under [insert WHO code]."  <ol style="list-style-type: none"> 2. Click on workflow at top and send to Billing. 3. Set up in Case Tracking as NRE w/ comments of 'auto reinstatement effective mm/dd/yy' (on the next monthiversary). 4. ADT until monthiversary for processing. <p>Note: If pending lapse amount \$\$ was submitted prior to 90 days from the next risk purchase date, we need to apply money ASAP – apply funds with an NA1 effective one date prior to Lapse date (TL on TRXH Screen)</p>
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Short Form

Step	Action
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1	<p>Ensure the Reinstatement Charge, Reinstatement Application Form 8019 (LSW) or 1457 (NL), and HIPAA Form 8164 are completed and signed appropriately.</p> <ol style="list-style-type: none">1. All questions in section 1 should be marked as "No."2. Question 2 should be checked "Yes."<ol style="list-style-type: none">1. If answered as "No," acceptable answers are child, student, stay at home parent, or retired.
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2. Any other answer requires request to be sent to underwriting for review/approval.

Life Insurance Company of the Southwest

Reinstatement Application

Name: Deanna Q. Warren Policy Number: 100111209

Please complete questions 1 and 2 and sign on page 2.

If question 1a, 1b, or 1c is answered "Yes", give dates and details. Include name and address of physician or practitioner consulted.

1. Since the date the unpaid premium was due, has the Insured: (If answer is "No", or "No" is answered "Yes", give details. Include name and address of physician or practitioner consulted.)

a. consulted, been diagnosed or treated by a physician, practitioner or other health care provider for any illness, disease or injury? (Check one) ☐ Yes ☒ No

b. applied for or received disability compensation from any source? (Check one) ☐ Yes ☒ No

c. applied for life, health or disability insurance or reinstatement of life, health or disability insurance which was declined, postponed or modified in any way? (Check one) ☐ Yes ☒ No

2. Since the date the unpaid premium was due, has the Insured been both (a) actively at work at the customary workplace, and (b) actively doing the usual duties and functions required by the position during normal working hours and weekly period? (If question 2 is answered "No", please give details) (Check one)

child, in school only ☐ Yes ☒ No

3. This application and the amount due must be returned to the Company on or before: May 29, 2012

4. Amount due

Premium	\$ <u>200.00</u>
Premium Interest	\$ _____
Loan Interest	\$ _____
Interest Thereon	\$ _____
Total	\$ <u>200.00</u>

State checks payable to Life Insurance Company of the Southwest. Or, we'll make checks payable to the agent or bank the payee bank. Checks and drafts are accepted only subject to collection.

Agreement - Please Read and Sign

The statements and answers to Questions 1 and 2 are complete and true to the best knowledge and belief of the Insured and the Owner. The application shall be part of this contract of Insurance. The Owner agrees to be bound by all statements and answers signed by the Insured in this application.

It is understood that this Reinstatement Application does not constitute additional information.

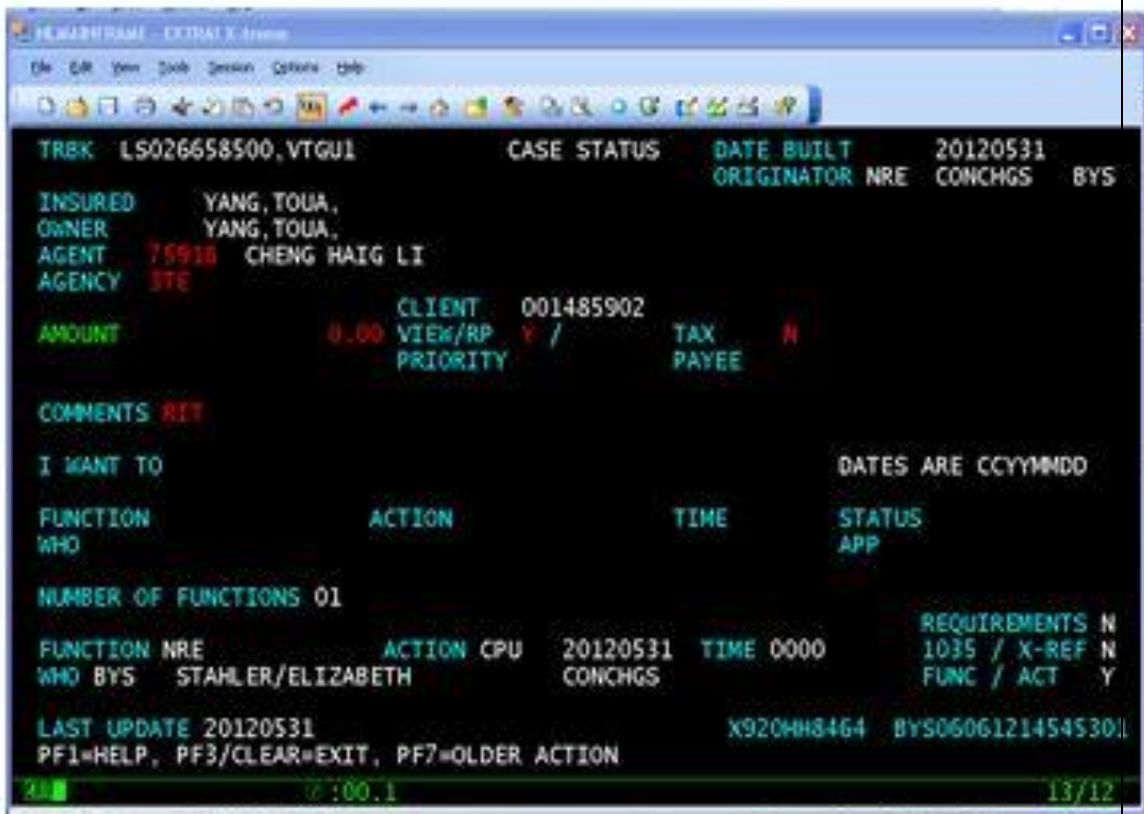
2

Ensure that the HIPAA Form 8164 and second page of the Reinstatement Application Form 8019 are appropriately signed.

3	<p>Once all paperwork has been checked and the above applies, we are able to self underwrite the case.</p> <ol style="list-style-type: none"> 1. Order an MIB and check to see if there are any 'Try' or 'Hits' found. 2. If no 'Try' or 'Hits' are found on the MIB from the next risk purchase date to current date, you can Hyland print the MIB report to OnBase under APPLICATION FILE MEDICAL - MIB 3. Place note stating 'Approval of Reinstatement'
4	Set up in Case Tracking as NRE and ADT until reinstatement date w/ comments as 'reinstatement effective mm/dd/yy' on the next monthiversary.


UW Approval Required

Step	Action
1	Complete the Underwriting Worksheet Form 1372.
2	Order an MIB report.
3	Email the request to the agency assigned underwriter for review/approval.

4	<p>Set up in Case Tracking as NRE and CPU w/ the initials of the underwriter that the case was sent to in comments section</p> 
5	<p>Upon approval from Underwriting, the reinstatement request will be processed on the following monthiversary. Make sure to update Case Tracking to ADT with comments 'reinstatement effective MM/DD/YY'.</p>

Full Reinstatement

Step	Action
1	Ensure we have a completed Policy Change Application Form 1441, Supplement to the Application Form 20114, and HIPAA Form 8164 & HIV Consent Form 1443 (if applicable). Ensure all sections are fully completed.
2	Complete Underwriting Worksheet Form 1372, order MIB report & email the request to the agency assigned underwriter for review/approval.

3	<p>Must set up in Case Tracking as RPD as this is after 120 days and takes longer than NRE cases and CPU in action w/ initials of underwriter that the case was sent to in the comments section.</p> 
4	<p>Upon approval from Underwriting, the reinstatement request will be processed on the following monthiversary. Make sure to update Case Tracking to ADT with comments 'reinstatement effective MM/DD/YY'</p>

Day 2

Once the monthiversary as arrived, you can process the reinstatement request. Follow the steps below to do so.

Step	Action
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Print the **SI** screen. Verify the amount in suspense is the required reinstatement amount and check the amount submitted.

1

COMMAND

* SUSPENSE INQUIRY INDEX *

SEARCH: CO CODE NL CLIENT/POLICY NUMBER LS0266585 ORIG CO

INDV NAME LAST

1ST/MDL PRE SUF

CORP NAME

SEQ TICKET

TICKET NO

NO.	NUMBER	CL/POL NUMBER	EFF DATE	SUSPENSE AMOUNT	TYP	PAY	SEC ID	ORIGIN CODE
A	Q0556	LS0266585	05/31/2012	282.86	R	N		BYS
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								

SEQ NEXT PAGE F LOCATE PAGE 0001 NO MORE DATA

NXT TRX SI VER PROD U1 CL/POL LS0266585 SEC ID CO NL OVRD N

22/09

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In the **BI1** screen, delete the 'lp ltr' information on lower left hand by ending and pressing **F4** to submit.

2

COMMAND

CO CD NL POL LS0266585 SEC ID PROD U1 PLAN 101205 LOB LDX STAT L

RSTR SPND PDF IND N CONTR R ANN DT 08/22/2012 LST FIN DT 04/27/2012 LN ID N

*** BILLING INFORMATION *** SUSP PENDING

BILL FREQUENCY 04 MODAL PREMIUM 197.55 BILL EXT DATE 05/22/2012

PAYMENT METHOD INIT DPST 42.92 INIT BILL DATE

BILLING OPTION I PRV PRM BILL 65.85 NEXT PYMNT DUE 06/22/2012

INIT BILL INDICATOR N LST BILL AMT 197.55 LAST BILL DATE 02/22/2012

GRACE PERIOD BILLING Y ATP ANN PREM 790.20 PAID TO DATE

SLR AMT BILL CLIENT LAST PYMNT DUE 03/22/2012

BILL ADDRESS ORIG DUP *SKIP INFO* BEGIN RESTART EMPLOYEE NO

REGULAR 2 SKIP (1) PAC TYPE PAC NO

LOAN INTEREST 2 SKIP (2) CR CD NO

BK/CK ID CR CRD TYP

EXPECTED PP CMS ADJ 0.00 ADVANCE IND N SPECIAL CASE IND N

*** BILL/PAC USER AREA ***

(01) (02)

(03) (04)

(05) (06)

(07) (08)

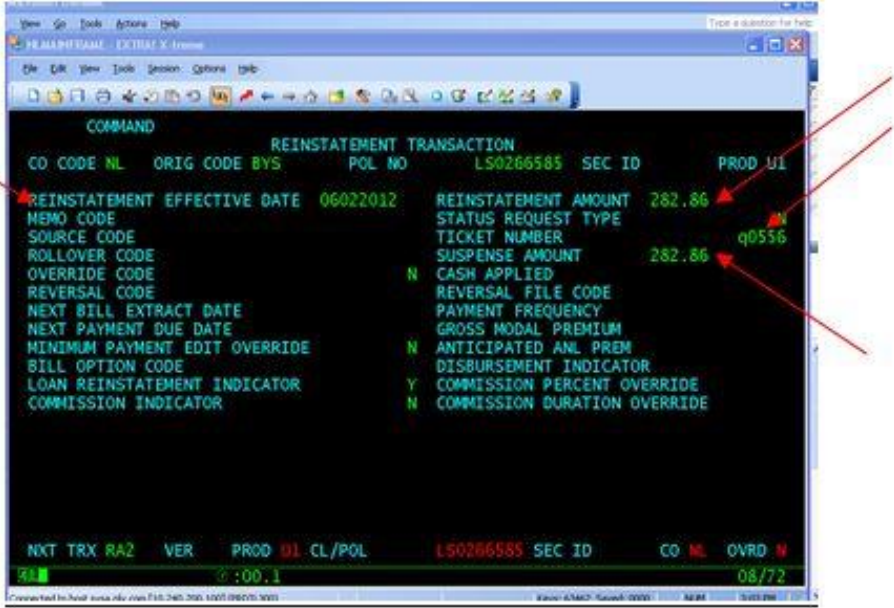
(09) (10) LP LTR 043012

TRX EFF DATE ORIG CODE BYS

NXT TRX BIL VER PROD U1 CL/POL LS0266585 SEC ID CO NL OVRD N

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3	<p>In the RA1 screen, fill in the following sections:</p> <ul style="list-style-type: none"> • reinstatement effective date w/ current date (monthiversary), • reinstatement amount (should be what is on the SI screen), • ticket number (listed on SI screen), • suspense amount (same as reinstatement amount). 
4	Print the page prior to submitting, then press F1 to submit.
5	Pull up the DC screen and print page for your working papers.

Article Details

Last Reviewed	Unk	Intended Audience	T&CC Staff
Reviewed by	Unk	Business Block	Title and Contract Change

REFORMATTED

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