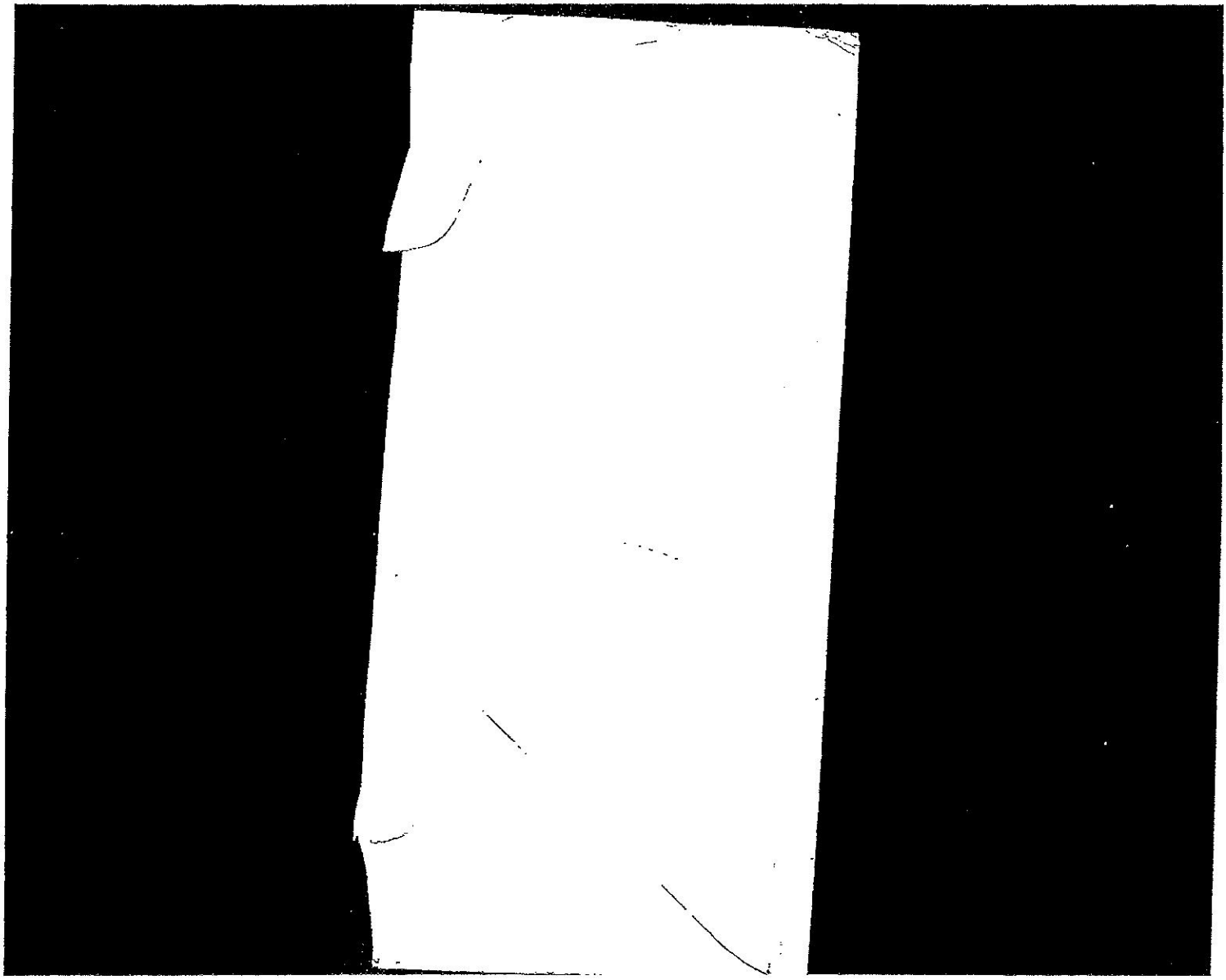
[redacted]

Life
INSURANCE CONCEPTS
660 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487
UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.44⁰
0003859896 DEC 06 2010
MAILED FROM ZIPCODE 33487
Heritage Union Life Ins Co
PO Box 1147
Jacksonville, IL 62651-1147
62EB181147



Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

December 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09272448

Dear SIMON BERNSTEIN :

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

☒ The tobacco question was not completed.

☒ The height and/or weight section was not completed.

☐ The family history section was not completed.

☒ Question (1, 2,), must be completed with full details if applicable.

☒ Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.

☒ Provide the full name, address and phone number of your physician(s).

☐ Other: _____

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

☐ We received your premium payment; however, we cannot accept payments during the reinstatement process. A refund check will be mailed to you under separate cover.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

AWD History for Work object key 2011-01-10-12.59.31.011281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:52:22PM

0

Begin Date:	2011-01-17	Flags:	9990N0
Begin Time:	12:07:37	DTM Job Name:	
User Id:	JMILLMS	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-01-17
Status:	QPASS2	End Time:	12:07:42
Queue:	END		
User Name:	MILLS, MELANIE S		
DTM Description:			
Comments:			

Begin Date:	2011-01-14	Flags:	
Begin Time:	11:41:53	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-01-14
Status:		End Time:	11:41:53
Queue:			
User Name:	LYONS, KERI A		
DTM Description:			
Comments:	sent addional info letter asking for complete dr info and details of 3a, 3c, 4a, 5c, 8		

Begin Date:	2011-01-14	Flags:	9990Y1
Begin Time:	11:41:23	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-01-14
Status:	INCOMPLETE	End Time:	11:41:29
Queue:	CSQC		
User Name:	LYONS, KERI A		
DTM Description:			
Comments:			

Begin Date:	2011-01-13	Flags:	
Begin Time:	13:17:07	DTM Job Name:	
User Id:	INAZAM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-01-13

AWD History for Work object key 2011-01-10-12.59.31.011281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:52:22PM

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Status:
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: In part 2 Still details to question occuption, 3a,3c,4a,5c,8 is missing.

End Time: 13:17:07

Begin Date: 2011-01-13
Begin Time: 12:58:03
User Id: INAZAM
Workstation Id:
Business Area: JLIFE
Type: REINST
Status: CSPROC
Queue: CSPROC
User Name: NAZAR, MUDDASAR
DTM Description:
Comments:

Flags: 9990N0
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-01-13
End Time: 13:17:18

Begin Date: 2011-01-11
Begin Time: 07:34:03
User Id: IMANJKX
Workstation Id:
Business Area: JLIFE
Type: REINST
Status: ALPHAMATCH
Queue: CSPROC2
User Name: MANJEET, KUMAR X
DTM Description:
Comments:

Flags: 7500N0
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-01-11
End Time: 07:34:52

Begin Date: 2011-01-10
Begin Time: 12:59:31
User Id: JBAUESK
Workstation Id:
Business Area: JLIFE
Type: CSGENERIC
Status: SCANNED
Queue: INDEX
User Name: BAUER, SHAWNETTE K
DTM Description:
Comments:

Flags: 9500N0
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-01-10
End Time: 12:59:31

AWD History for Work object key 2011-01-10-12.59.31.011281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:52:22PM

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Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

December 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09272448

Dear SIMON BERNSTEIN :

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

☒ The tobacco question was not completed.

☒ The height and/or weight section was not completed.

☐ The family history section was not completed.

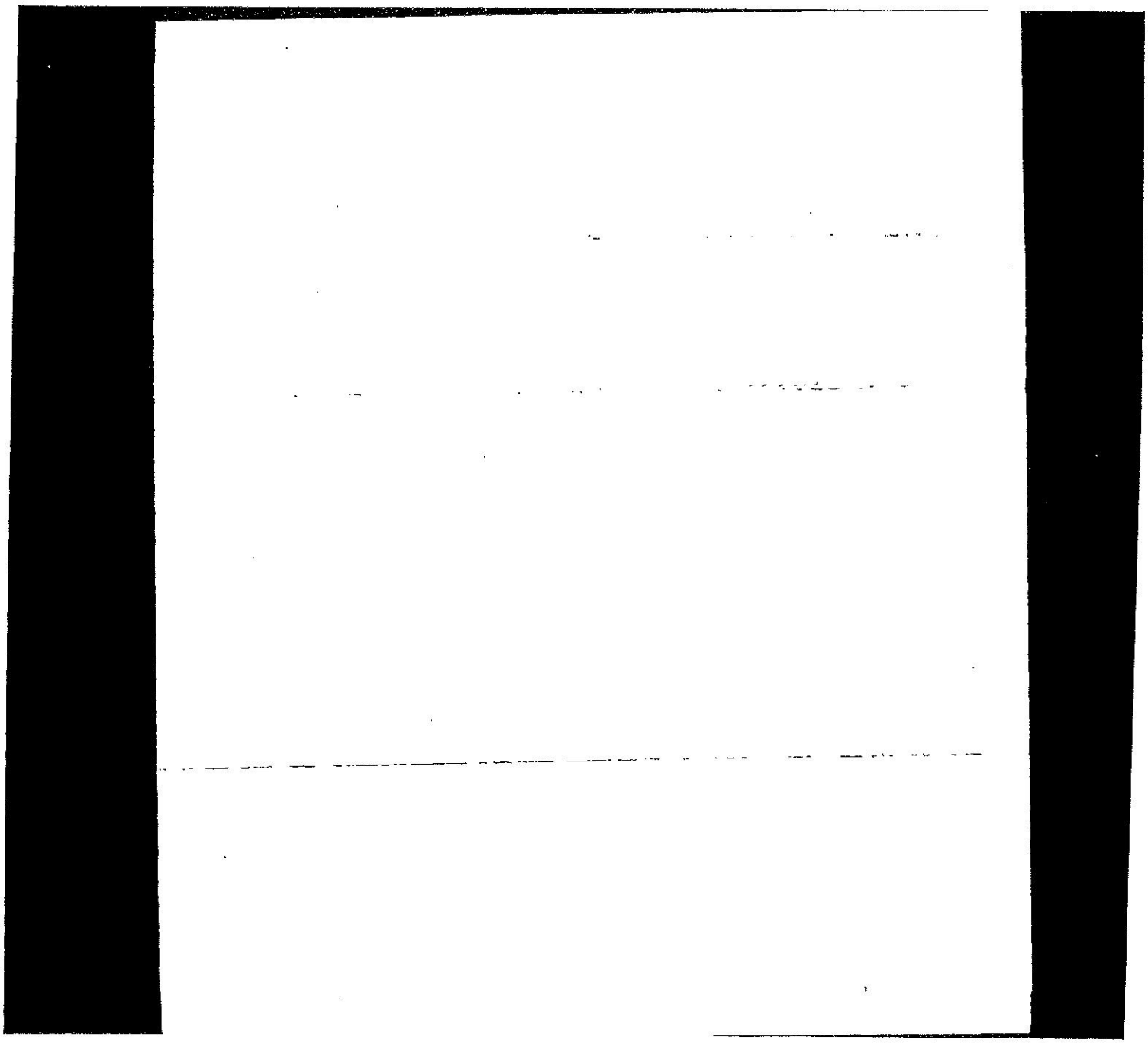
☒ Question (1, 2,), must be completed with full details if applicable.

☒ Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.

☒ Provide the full name, address and phone number of your physician(s).

☐ Other: _____

Dr. Seth Baum
7900 Glades Rd
Ste 400
Boca Raton, FL 33487



Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

☐ We received your premium payment; however, we cannot accept payments during the reinstatement process. A refund check will be mailed to you under separate cover.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

[redacted]

Annuity & Life Reassurance America, Inc.
Home Office:
Hartford, CT 06103
("the Company")

Service Bureau:
P O Box 1147
Jacksonville, IL 62651
(800) 825-0003

POLICYOWNER PLAN CHANGE/ REINSTATEMENT REQUEST
PART 1

INSTRUCTIONS: • Check ☐ for service desired • Indicate to what address items should be returned • Mail form (and policy if required) to Sending Office • For Change of Beneficiary, complete separate form.
SIGNATURE REQUIREMENTS: • Insured, if age 16 or older • Owner, if other than the Insured • Assignee, if policy assigned • Corporate officer with Seal, if policy is corporate owned.

Policy Number: 009208
Insured (also called "you"): Simon Bernstein
Insured's Date of Birth: 12-2-35
Insured's Address: 7020 Lions Head Lane
Owner or Assignee:
Insured's Social Security Number: [redacted]
Owner or Assignee Address and Phone Number:
Owner's Social Security Number:
Sending Agent's Name:
Agency Code:
Agent's Phone Number:
Agent Code:
Will not process without valid Insured's Social Security Number and Owner's Social Security or Tax Identification Number.
Return all items to ☐ Owner ☐ General Agency ☐ Other (specify)

☐ TRADITIONAL ☐ UNIVERSAL LIFE

Old Plan: Old Benefit Amount: $ New Plan: New Benefit Amount: $

If converting part of a term policy or term life rider, is the balance to be retained or dropped? ☐ Retain $ ☐ Drop

Death Benefit Option (Universal Life ONLY): ☐ Level ☐ Increasing ☐ I declare the Original Policy Contract has been lost or destroyed.

Benefits:	Currently on Policy (Check Answer)	Add	Delete	Increase	Decrease	New Amount
Accidental Death	☐ Yes ☐ No	☐	☐	☐	☐	$
Waiver of Premium (or COI/PUL)	☐ Yes ☐ No	☐	☐	☐	☐	$
Monthly Disability Benefit (UL ONLY)	☐ Yes ☐ No	☐	☐	☐	☐	$
Guaranteed Purchase Option	☐ Yes ☐ No	☐	☐	☐	☐	$
Riders						
Spouse's Level Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Children's Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Primary Insured Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Other Insured Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Other Riders (specify)						
	☐ Yes ☐ No	☐	☐	☐	☐	$
	☐ Yes ☐ No	☐	☐	☐	☐	$
	☐ Yes ☐ No	☐	☐	☐	☐	$

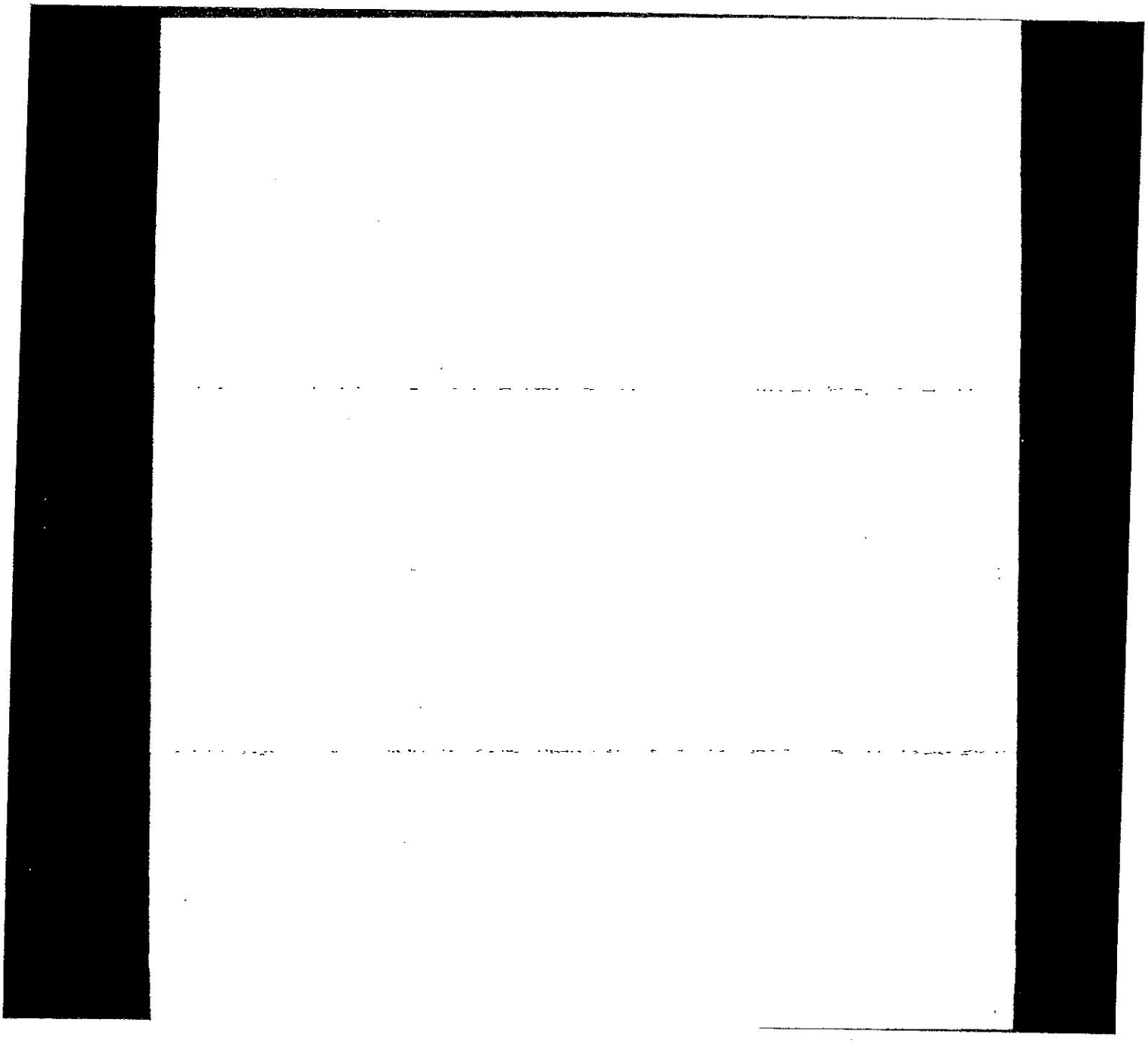
Do you currently use any tobacco product?	☐ Yes ☒ No	If "YES", what form of tobacco do you use? ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless
Have you ever used any tobacco product?	☐ Yes ☒ No	If "YES", what was the date on which you last used tobacco?

BILLING INSTRUCTIONS:
MODE ☐ Annual ☒ Semi-Annual ☐ Quarterly ☐ Monthly ☐ Non-bill BILLING TYPE: ☐ Direct ☐ List bill ☐ PAC
☐ Government Allotment

New Planned Periodic Premium: $ Amount Enclosed: $

SPECIAL INSTRUCTIONS:

ALA-01



PART II APPLICATION FOR ☐ Increase $25,000 or less ☑ Reinstatement ☐ Add Rider or Benefit
☐ Preferred Non-Smoker ☐ Select Non-Smoker ☐ Term Conversion Policy Number

(Print first name, middle initial, and last name)	Occupation	Relationship To Proposed Insured	Date of Birth Month Day Year	Age Nearest Birthday	State of Birth	Sex	Height Feet Inches	Weight Now	Weight 1 yr ago
1. a. Proposed Insured Steven Bronstein		n/a	12 2 35	75	MI	M	5	8	163	167
b. Second Proposed Insured										

Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Term

2. a. N/A	Spouse										
b.	Children										
c.											

Give details in "Comments" section following the questions for any "YES" answers to questions 3 through 8 and 10 through 15.

3. Within the past 10 years, has any person proposed for coverage:	
a. Been examined by or consulted a physician or other practitioner?	☑Yes ☐No
b. Been under observation or treatment in a hospital or any other form of health care facility?	☐Yes ☑No
c. Had an X-ray, electrocardiogram, blood test, urine or other laboratory test(s)?	☑Yes ☐No
4. Within the past 10 years, has any person proposed for coverage:	
a. Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or issued as a substandard risk?	☐Yes ☑No
b. Sought advice or treatment for, or been arrested for or been addicted to the use of alcohol or drugs?	☐Yes ☑No
c. Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily deformity, hernia or rupture, hemorrhoids or varicose veins?	☐Yes ☑No
d. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	☐Yes ☑No
5. Within the past 10 years, has any person proposed for coverage had or been treated for:	
a. Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland?	☐Yes ☑No
b. Any deformity or disorder of the back, spine, muscles, bones or joints?	☐Yes ☑No
c. Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels?	☐Yes ☑No
d. Peptic ulcer, indigestion, or other disease of the stomach, intestines, gall bladder, liver, pancreas, spleen, or enlarged lymph glands?	☐Yes ☑No
e. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung?	☐Yes ☑No
f. Albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate?	☐Yes ☑No
g. Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, convulsions, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system?	☐Yes ☑No
h. Rheumatic or other fever, diabetes, cysts(s), gout, arthritis, goiter, cancer, tumor or disorder of the lymph nodes?	☐Yes ☑No
i. Any surgical operations, treatment, or any illness, ailment, abnormality, or injury not mentioned above within the past 10 years?	☐Yes ☑No
6. Within the past 7 years: To the best of your knowledge, has any person proposed for coverage had or been told by a medical professional, he or she has an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)?	☐Yes ☑No
7. Is any person proposed for coverage now pregnant? (If "YES", provide the child's expected due date in "Comments")	☐Yes ☑No
8. Is any person proposed for coverage now under medical treatment or taking any prescription drugs?	☑Yes ☐No
9. To the best of your knowledge, are all persons proposed for coverage now in good health? (If "NO", provide details in "Comments")	☐Yes ☐No
10. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada?	☐Yes ☑No
11. Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so?	☐Yes ☑No
12. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting?	☐Yes ☑No
13. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind?	☐Yes ☑No
14. Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation, or of driving while impaired, intoxicated, or under the influence of drugs or alcohol?	☐Yes ☑No
15. Has any person proposed for coverage ever been convicted of a felony?	☐Yes ☑No

Please list Question Number and item(s) that you are referring to. Dates/Duration, Diagnosis, Physician Name and Address, and Name of the Health Care Facility.

Dr. Baum 561-367-8155
Dr. Horner 954-491-2140

16. Family History	Age(s) (if living)	Condition of Health *	Age(s) at Death	Cause of Death
Wife or Husband				
Father	84	GOOD	74	HEART
Mother				
Sister(s)	80	GOOD	68	CANCER
Brother(s)				

* If not answered "Good," give details above.

[redacted]

AGREEMENT AND SIGNATURE FOR PARTS I & II

[See "Notice to Applicant" on reverse side]

The undersigned hereby declare(s) that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agree(s) that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agree(s) to accept a return of any payments made in connection with this application for change, should the Company decline to approve it.

The undersigned further agree(s) that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agree(s) as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change; but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners.

The undersigned understand(s) that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, The undersigned hereby surrender(s) the policy for cancellation and agree that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

The undersigned request(s) that all transactions initiated above be completed by the Company and agree for myself (ourselves), heirs, beneficiaries and all others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrant(s) that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) Boca Raton FL this 30 Day of Nov 2010

Witness (not related) or Agent

Insured(s), Owner(s), Assignee(s) (Please indicate title)

Address

City State Zip

Address

City State Zip

AUTHORIZATION FOR PART II

The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records of knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its reinsurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one half years from the date I sign this application.

Dated at (City and State) Boca Raton FL this 30 Day of Nov 2010

Proposed Insured (if age 10 or over)

Spouse (if to be insured) or Second Proposed Insured (if J.W.L.)

Witness (not related) or Agent

Owner (if not Proposed Insured) and relationship

Telephone Number (days) ( )

(night) ( )

AL-A-91

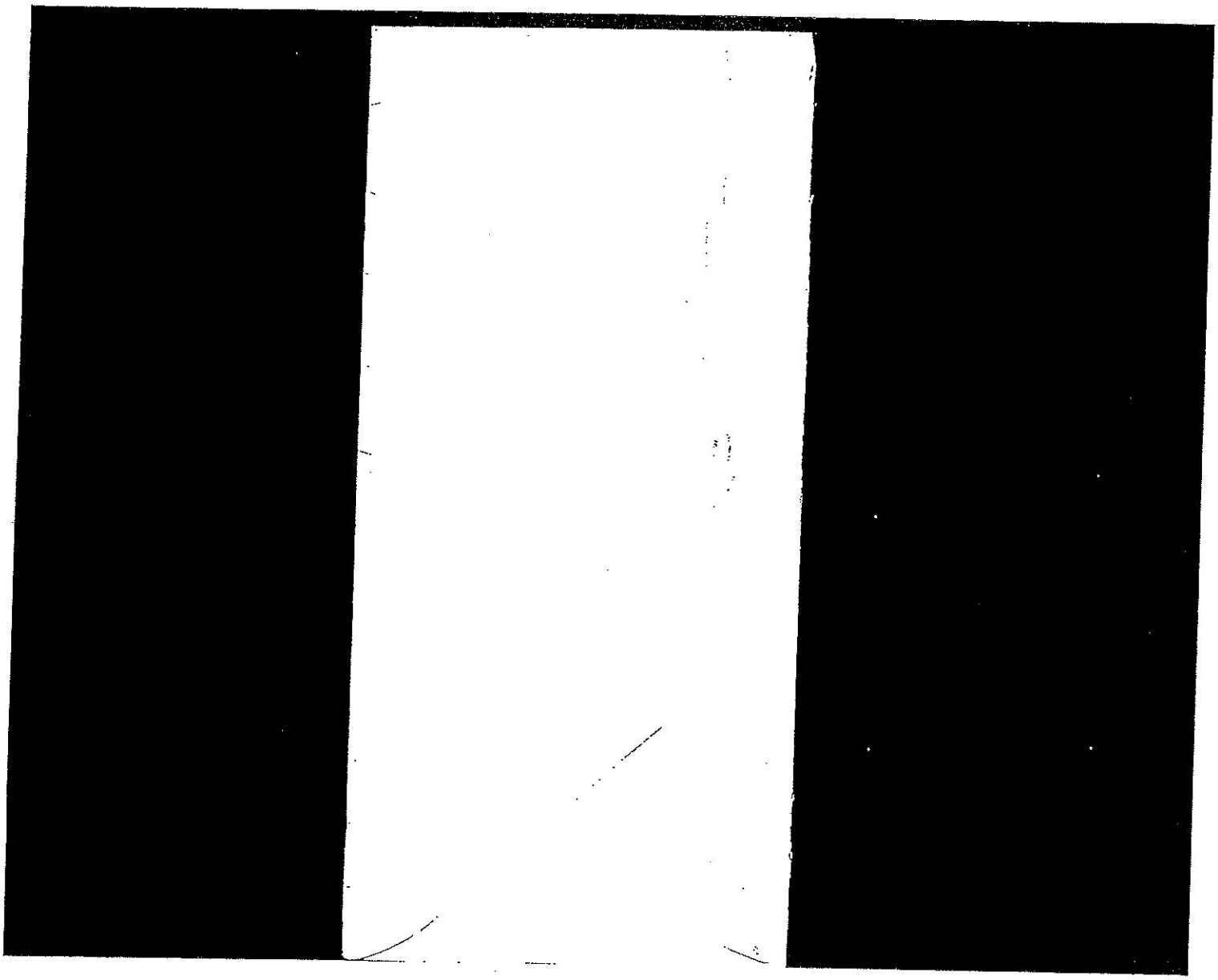
[redacted]

Life
INSURANCE CONCEPTS
860 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.44⁰
0003859686 JAN 06 2011
MAILED FROM ZIP CODE 33487

Heritage Union Life Ins Co
PO Box 1147
Jackson, IL 62651-1147

62651$1147



Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

January 17, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09297145

Dear SIMON BERNSTEIN:

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

☒ Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.

☒ Provide the full name, address and phone number of your physician Dr. Homer .

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

AWD History for Work object key 2011-02-11-11.11.44.889281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Begin Date:	2011-03-10	Flags:	9990N0
Begin Time:	18:07:31	DTM Job Name:	
User Id:	JDIETBK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-03-10
Status:	QPASS2	End Time:	18:07:39
Queue:	END		
User Name:	DIETZ, BEV K		
DTM Description:			
Comments:			

Begin Date:	2011-03-10	Flags:	9990Y1
Begin Time:	17:04:55	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-03-10
Status:	INCOMPLETE	End Time:	17:04:58
Queue:	CSQC		
User Name:	LYONS, KERI A		
DTM Description:			
Comments:			

Begin Date:	2011-03-10	Flags:	
Begin Time:	17:04:51	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-03-10
Status:		End Time:	17:04:51
Queue:			
User Name:	LYONS, KERI A		
DTM Description:			
Comments:	attached decline letter uw sent to po declining reinst.		

Begin Date:	2011-03-09	Flags:	7500N0
Begin Time:	09:29:15	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-03-09
Status:	DECLINED	End Time:	09:29:18

AWD History for Work object key 2011-02-11-11.11.44.889281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:53:15PM

0

Queue: CSPROC2
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-03-09
Begin Time: 09:29:11
User Id: JLYONKA
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: per uw reinst declined due to medical history provided in aps from dr homer and dr baum

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-03-09
End Time: 09:29:11

Begin Date: 2011-02-18
Begin Time: 11:56:45
User Id: JHENSC
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: attached fax from UW regarding them "Ordering APS's from Dr Homer and Dr Baum"

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-18
End Time: 11:56:45

Begin Date: 2011-02-15
Begin Time: 13:51:47
User Id: SBROWMA
Workstation Id:
Business Area: JLIFE
Type: REINST
Status: UWPEND
Queue: UW
User Name: BROWN, MICHELLE
DTM Description:
Comments:

Flags: 9990NO
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-15
End Time: 13:51:52

AWD History for Work object key 2011-02-11-11.11.44.889281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Begin Date:	2011-02-15	Flags:	4000N0
Begin Time:	09:14:31	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-02-15
Status:	UW	End Time:	09:14:38
Queue:	UW		
User Name:	LYONS, KERI A		
DTM Description:			
Comments:			

Begin Date:	2011-02-15	Flags:	
Begin Time:	09:14:28	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-02-15
Status:		End Time:	09:14:28
Queue:			
User Name:	LYONS, KERI A		
DTM Description:			
Comments:	male/ 47/nonsmoker		

Begin Date:	2011-02-14	Flags:	7500N0
Begin Time:	13:24:55	DTM Job Name:	
User Id:	SBROWMA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-02-14
Status:	REQMNT	End Time:	13:25:00
Queue:	CSPROC		
User Name:	BROWN, MICHELLE		
DTM Description:			
Comments:			

Begin Date:	2011-02-14	Flags:	
Begin Time:	13:24:53	DTM Job Name:	
User Id:	SBROWMA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	

AWD History for Work object key 2011-02-11-11.11.44.889281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:53:15PM

0

Type:
Status:
Queue:
User Name: BROWN, MICHELLE
DTM Description:
Comments: Please advise how and when issued.

End Date: 2011-02-14
End Time: 13:24:53

Begin Date: 2011-02-14
Begin Time: 11:41:05
User Id: INAZAM
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: Sent to uw with lapse date....10/28/2010

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-14
End Time: 11:41:05

Begin Date: 2011-02-14
Begin Time: 11:40:35
User Id: INAZAM
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: REINSTMT-REQ TO UW EnCorr letter has been sent.

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-14
End Time: 11:40:35

Begin Date: 2011-02-14
Begin Time: 11:35:36
User Id: INAZAM
Workstation Id:
Business Area: JLIFE
Type: REINST
Status: UW
Queue: UW
User Name: NAZAR, MUDDASAR
DTM Description:
Comments:

Flags: 4000N0
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-14
End Time: 11:41:12

AWD History for Work object key 2011-02-11-11.11.44.889281T01
JLIFE - REINST - QPASS2 - END - Updateable
[redacted] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Begin Date:	2011-02-14	Flags:	7500N0
Begin Time:	06:21:32	DTM Job Name:	
User Id:	IFRADAX	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-02-14
Status:	ALPHAMATCH	End Time:	06:21:57
Queue:	CSPROC2		
User Name:	FRADRICK, ABHISHEK X		
DTM Description:			
Comments:			

Begin Date:	2011-02-11	Flags:	9500N0
Begin Time:	11:11:44	DTM Job Name:	
User Id:	JBAUESK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2011-02-11
Status:	SCANNED	End Time:	11:11:44
Queue:	INDEX		
User Name:	BAUER, SHAWNETTE K		
DTM Description:			
Comments:			

Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

December 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09272448

Dear SIMON BERNSTEIN :

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

☒ The tobacco question was not completed.

☒ The height and/or weight section was not completed.

☐ The family history section was not completed.

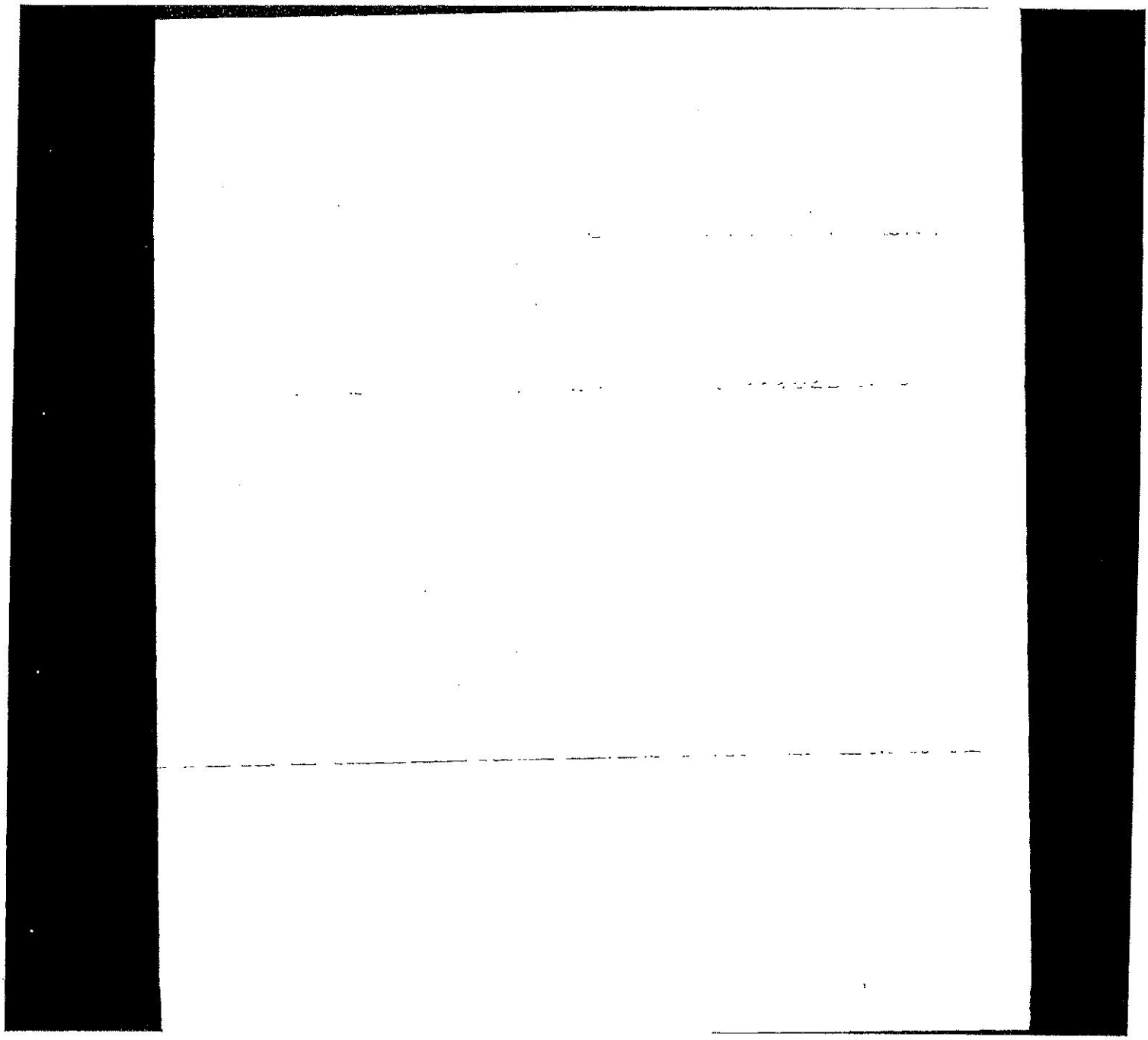
☒ Question (1, 2,), must be completed with full details if applicable.

☒ Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.

☒ Provide the full name, address and phone number of your physician(s).

☐ Other: _____

Dr. Seth Baum
7900 Glades Rd
Ste 400
Boca Raton, FL 33487



Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

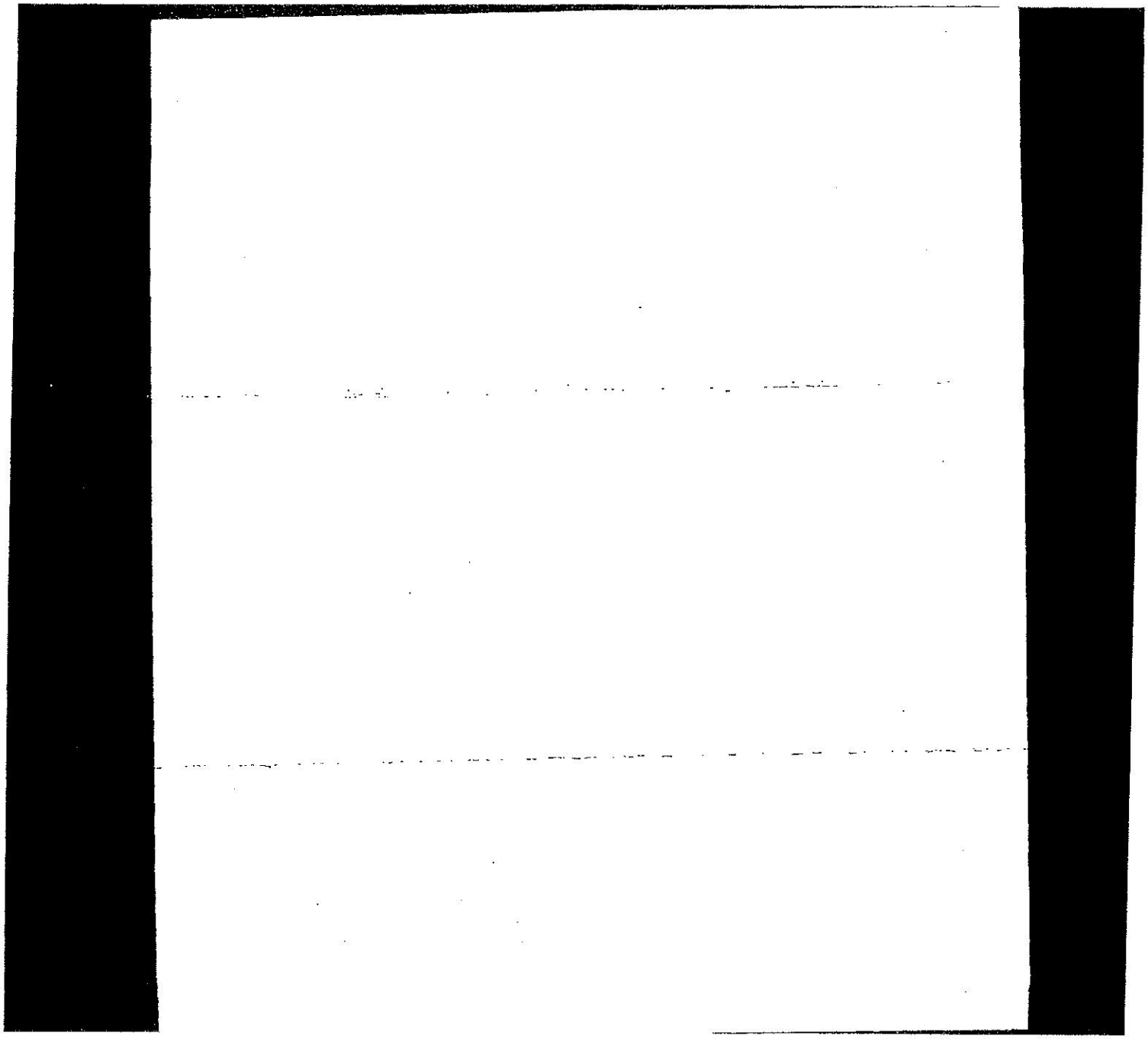
☐ We received your premium payment; however, we cannot accept payments during the reinstatement process. A refund check will be mailed to you under separate cover.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application



Annuity & Life Reassurance America, Inc.
Home Office:
Hartford, CT 06103
("the Company")

Service Bureau:
P.O. Box 1147
Jacksonville, IL 62651
(800) 825-0003

POLICYOWNER PLAN CHANGE/ REINSTATEMENT REQUEST
PART 1

INSTRUCTIONS: • Check ☐ for service desired • Indicate to what address items should be returned • Mail form (and policy if required) to Servicing Office • For Change of Beneficiary, complete separate form.
SIGNATURE REQUIREMENTS: • Insured, if age 18 or older • Owner, if other than the Insured • Assignee, if policy assigned • Corporate officer with title, if policy is corporate-owned.

Policy Number: 1009208
Insured (also called "you"): Simon Bernstein
Insured's Date of Birth: 12-2-35
Owner's Address: 1820 Lions Head Lane
Insured's Social Security Number: [redacted]
Owner or Assignee
Owner's Social Security Number
Owner or Assignee Address and Phone Number
Agent's Phone Number
Servicing Agent's Name
Agency Code
Agent Code

Will not process without valid Insured's Social Security Number and Owner's Social Security or Tax Identification Number.
Return all items to: ☐ Owner ☐ General Agency ☐ Other (specify)

☐ TRADITIONAL ☐ UNIVERSAL LIFE

Old Plan: Old Benefit Amount: $ New Plan: New Benefit Amount: $

If converting part of a term policy or term life rider, is the balance to be retained or dropped? ☐ Retain $ ☐ Drop

Death Benefit Option (Universal Life ONLY): ☐ Level ☐ Increasing ☐ I declare the Original Policy Contract has been lost or destroyed.

Benefits:	Currently on Policy (Check Answer)	Add	Delete	Increase	Decrease	New Amount
Accidental Death	☐ Yes ☐ No	☐	☐	☐	☐	$
Waiver of Premium (or COI if UL)	☐ Yes ☐ No	☐	☐	☐	☐	$
Monthly Disability Benefit (UL ONLY)	☐ Yes ☐ No	☐	☐	☐	☐	$
Guaranteed Purchase Option	☐ Yes ☐ No	☐	☐	☐	☐	$
Riders						
Spouse's Level Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Children's Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Primary Insured Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Other Insured Term Rider	☐ Yes ☐ No	☐	☐	☐	☐	$
Other Riders (specify)						
	☐ Yes ☐ No	☐	☐	☐	☐	$
	☐ Yes ☐ No	☐	☐	☐	☐	$
	☐ Yes ☐ No	☐	☐	☐	☐	$

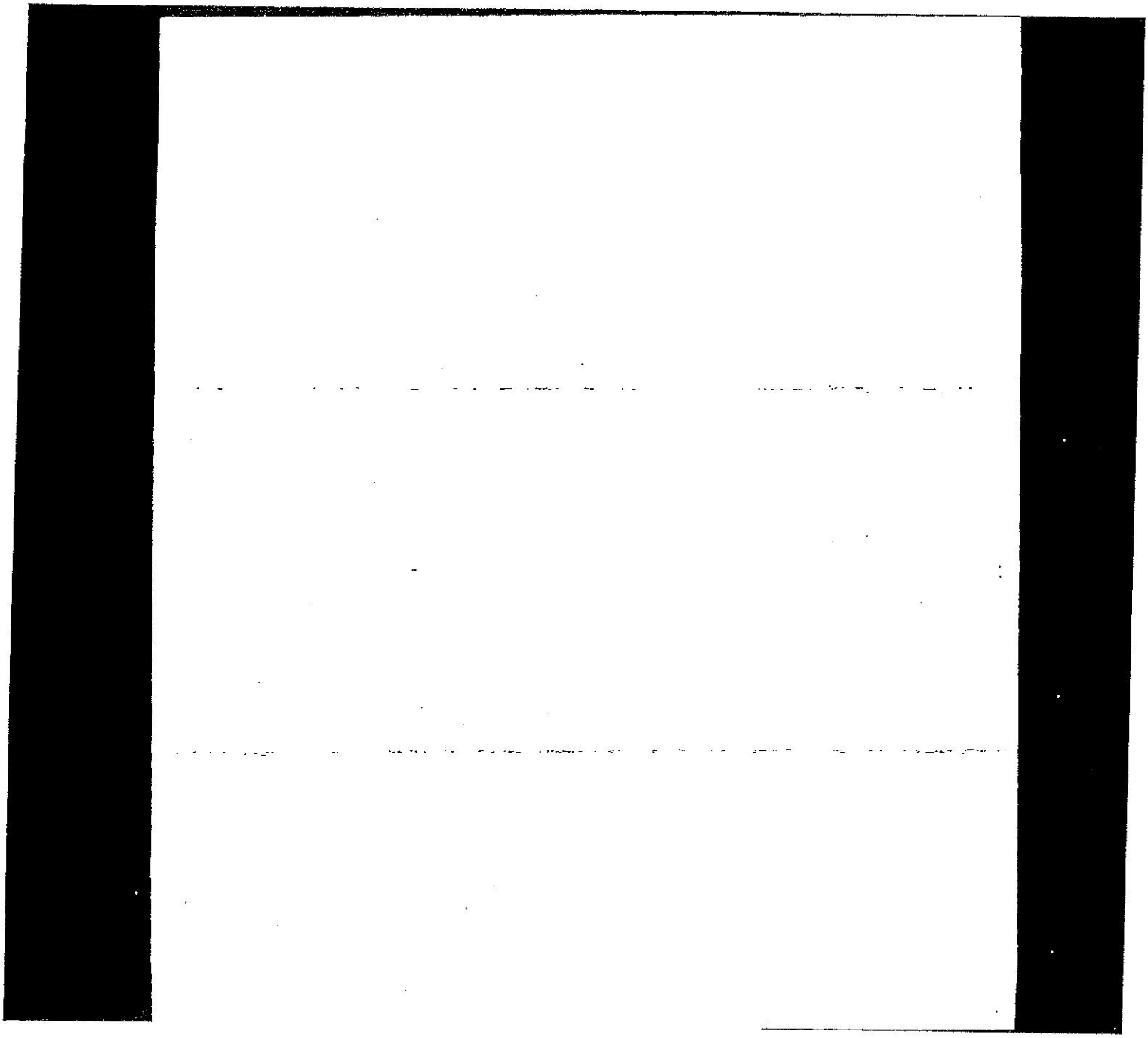
Do you currently use any tobacco product? ☐ Yes ☒ No If "YES", what form of tobacco do you use? ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless
Have you ever used any tobacco product? ☐ Yes ☒ No If "YES", what was the date on which you last used tobacco?

BILLING INSTRUCTIONS:
MODE ☐ Annual ☒ Semi-Annual ☐ Quarterly ☐ Monthly ☐ Non-bill BILLING TYPE: ☐ Direct ☐ Bank ☐ PAC
☐ Government Allotment

New Planned Periodic Premium: $ Amount Enclosed: $

SPECIAL INSTRUCTIONS:

ALA-01



PART B APPLICATION FOR ☐ Increase $25,000 or less ☑ Reinstatement ☐ Add Rider or Benefit
☐ Preferred Non-Smoker ☐ Select Non-Smoker ☐ Term Conversion Policy Number

(Print first name, middle initial, and last name)	Occupation	Relationship To Proposed Insured	Date of Birth (Month Day Year)	Age Nearest Birthday	State of Birth	Sex	Height (Feet Inches)	Weight (Now / 1 Yr Ago)
1. a. Proposed Insured Susan Bernstein		Me	12 2 35	75	MI	M	5 8	113 / 117
b. Second Proposed Insured								

Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Term

2. a. N/A	Spouse									
b.	Children									
c.										

Give details in "Comments" section following the questions for any "YES" answers to questions 3 through 8 and 10 through 15.

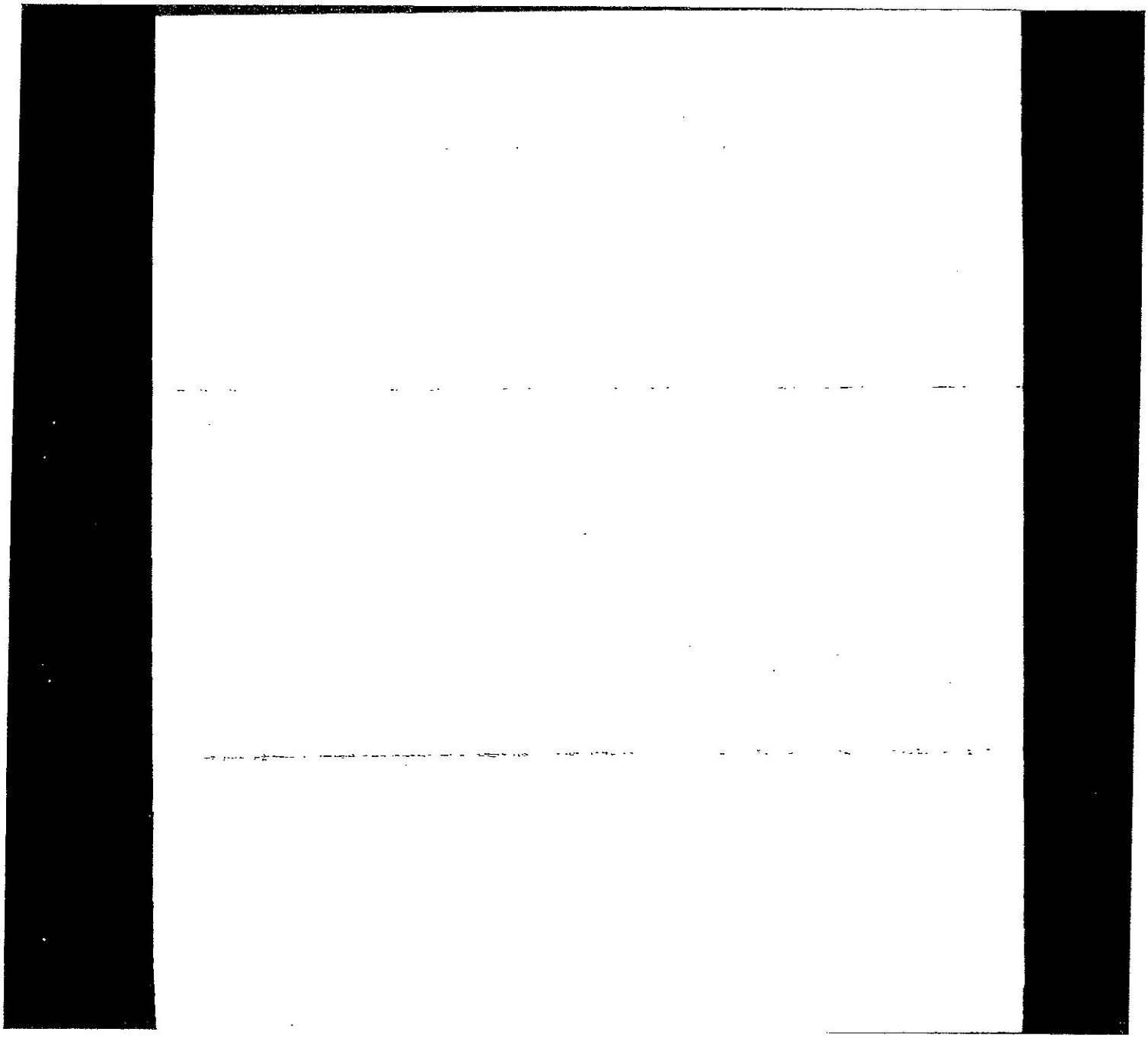
3. Within the past 10 years, has any person proposed for coverage:	
a. Been examined by or consulted a physician or other practitioner?	☑Yes ☐No
b. Been under observation or treatment in a hospital or any other form of health care facility?	☐Yes ☑No
c. Had an X-ray, electrocardiogram, blood test, tests or other laboratory tests?	☑Yes ☐No
4. Within the past 10 years, has any person proposed for coverage:	
a. Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or issued at a substandard rate?	☐Yes ☑No
b. Sought advice or treatment for, or been arrested for or been addicted to, the use of alcohol or drugs?	☐Yes ☑No
c. Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily infirmity, hernia or rupture, hemorrhoids or varicose veins?	☐Yes ☑No
d. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	☐Yes ☑No
5. Within the past 10 years, has any persons proposed for coverage had or been treated for:	
a. Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland?	☐Yes ☑No
b. Any deformity or disorder of the back, spine, muscles, bones or joints?	☐Yes ☑No
c. Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels?	☑Yes ☐No
d. Peptic ulcer, indigestion, or other disease of the stomach, intestines, gall bladder, liver, pancreas, spleen, or enlarged lymph glands?	☐Yes ☑No
e. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung?	☐Yes ☑No
f. Albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate?	☐Yes ☑No
g. Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, nervousness, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system?	☐Yes ☑No
h. Rheumatic or other fever, diabetes, eyesight, gout, arthritis, goiter, cancer, tumor or disorder of the lymph nodes?	☐Yes ☑No
i. Any surgical operations, treatment, or any illness, ailment, abnormality, or injury not mentioned above within the past 10 years?	☐Yes ☑No
6. Within the past 7 years: To the best of your knowledge, has any person proposed for coverage had or been told by a medical professional, he or she had an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)?	☐Yes ☑No
7. Is any person proposed for coverage now pregnant? If "YES", provide the child's expected due date in "Comments"	☐Yes ☑No
8. Is any person proposed for coverage now under medical treatment or taking any prescription drugs?	☑Yes ☐No
9. To the best of your knowledge, are all persons proposed for coverage now in good health? If "NO", provide details in "Comments"	☐Yes ☐No
10. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada?	☐Yes ☑No
11. Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so?	☐Yes ☑No
12. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting?	☐Yes ☑No
13. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind?	☐Yes ☑No
14. Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation or of driving while impaired, intoxicated, or under the influence of drugs or alcohol?	☐Yes ☑No
15. Has any person proposed for coverage ever been convicted of a felony?	☐Yes ☑No

Please list Question Number and item(s) that you are referring to. Dates/Duration, Diagnosis, Physician Name and Address, and Name of the Health Care Facility.

Dr. Baum 501·367·8155
Dr. Hoover 954·491·2140

16. Family History	Age(s) if living	Condition of Health *	Age(s) at Death	Cause of Death
Wife or Husband				
Father	86	Fair	47	Heart
Mother	80	good	88	Cancer
Sister(s)				
Brother(s)				

* If not answered 'Good,' give details above.



AGREEMENT AND SIGNATURE FOR PARTS I & II

(See "Notice to Applicant" on reverse side)

The undersigned hereby declare(s) that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agree(s) that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agree(s) to accept a return of any payments made in connection with this application for change, should the Company decline to approve it.

The undersigned further agree(s) that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agree(s) as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change; but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners.

The undersigned understand(s) that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, The undersigned hereby surrender(s) the policy for cancellation and agree that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

The undersigned request(s) that all transactions marked above be completed by the Company and agree for myself (ourselves), heirs, beneficiaries and all others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrant(s) that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) Boca Raton FL this 30 Day of NOV 2010

Witness (not related) or Agent

Address

City State Zip

Insured(s), Owner(s), Assignee(s) (Please indicate title)

Address

City State Zip

AUTHORIZATION FOR PART II

The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its reinsurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one half years from the date I sign this application.

Dated at (City and State) Boca Raton, FL this 30 Day of NOV 2010

Proposed Insured (if age 16 or over)

Witness (not related) or Agent

Telephone Number (days) ( )

Spouse (if to be insured) or Second Proposed Insured (if J.W.L)

Owner (if not Proposed Insured) and relationship (night) ( )

AL-A-01

[redacted]

Life
INSURANCE CONCEPTS
860 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487
UNITED STATES POSTAGE
PITNEY BOWES
02 1P
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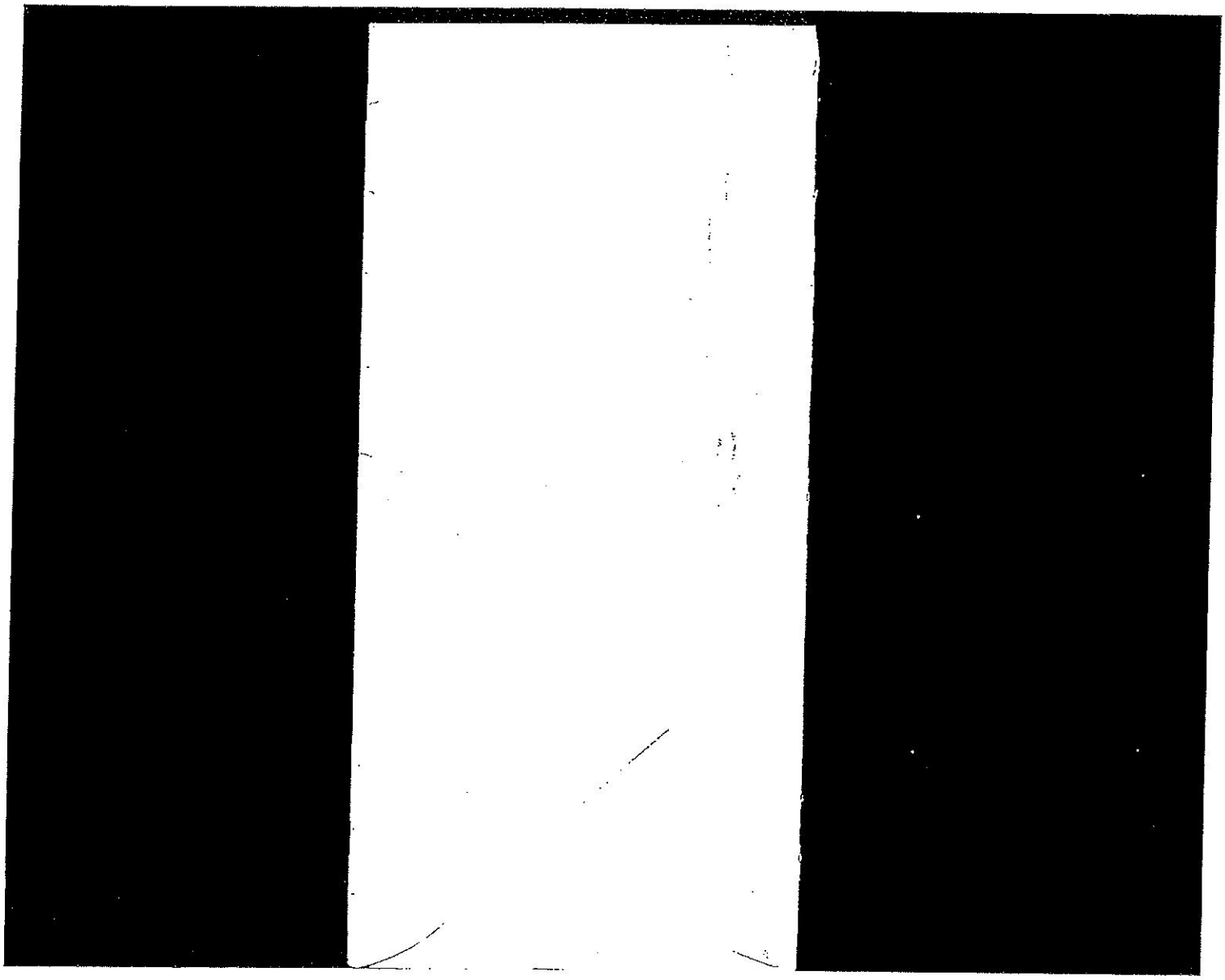
$ 000.440
JAN 06 2011
MAILED FROM ZIPCODE 33487
Heritage Union Life Ins Co
PO Box 1147
Jackson, IL 62651-1147
62651+1147



Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

January 17, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09297145

Dear SIMON BERNSTEIN:

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

☒ Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.

☒ Provide the full name, address and phone number of your physician Dr. Homer .

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

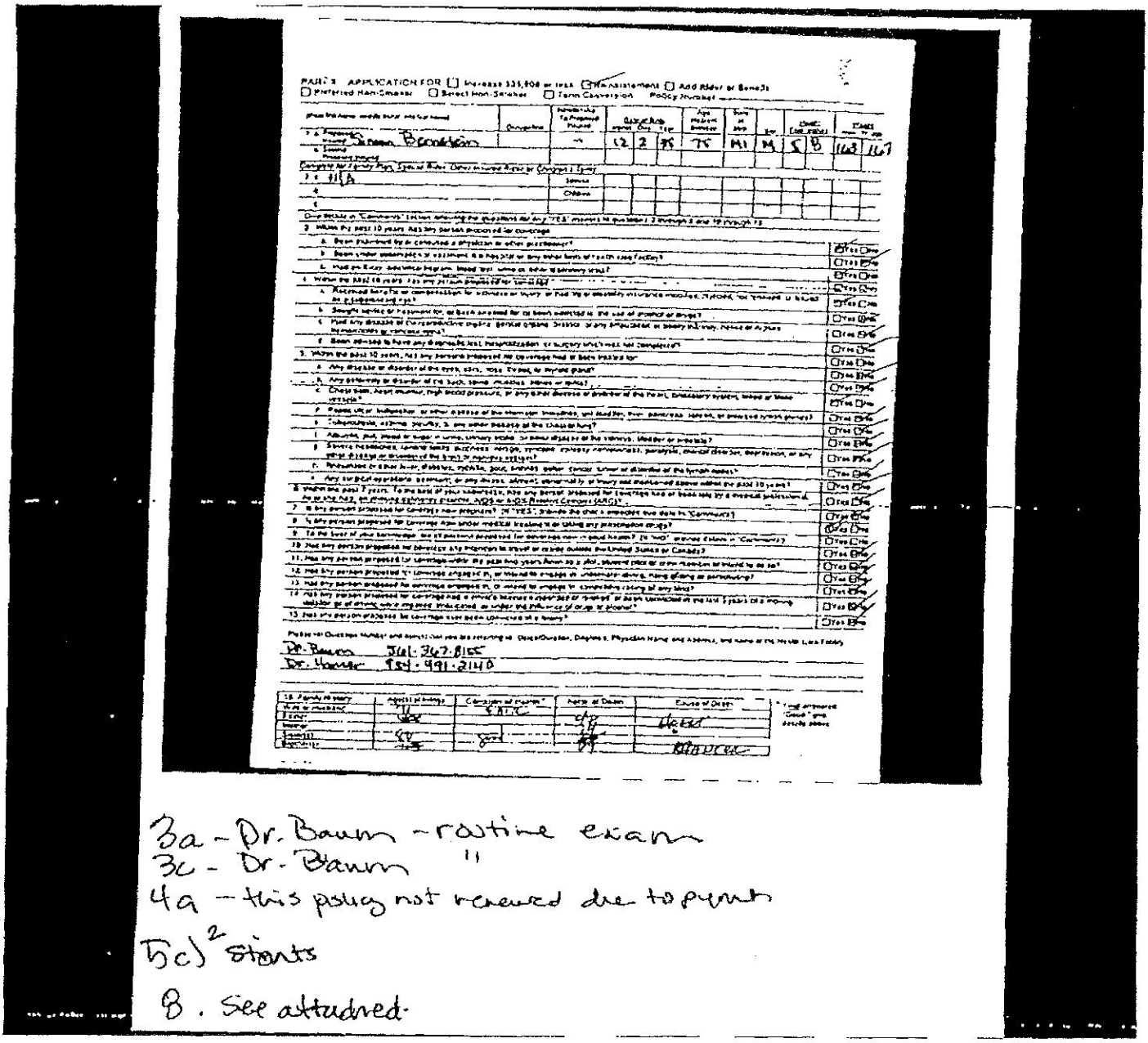
If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

52 Male Pt
1 pain for 7 yrs
10m



3a - Dr. Baum - routine exam
3c - Dr. Baum "
4a - this policy not renewed due to pymt
5c) 2 stents
8. See attached

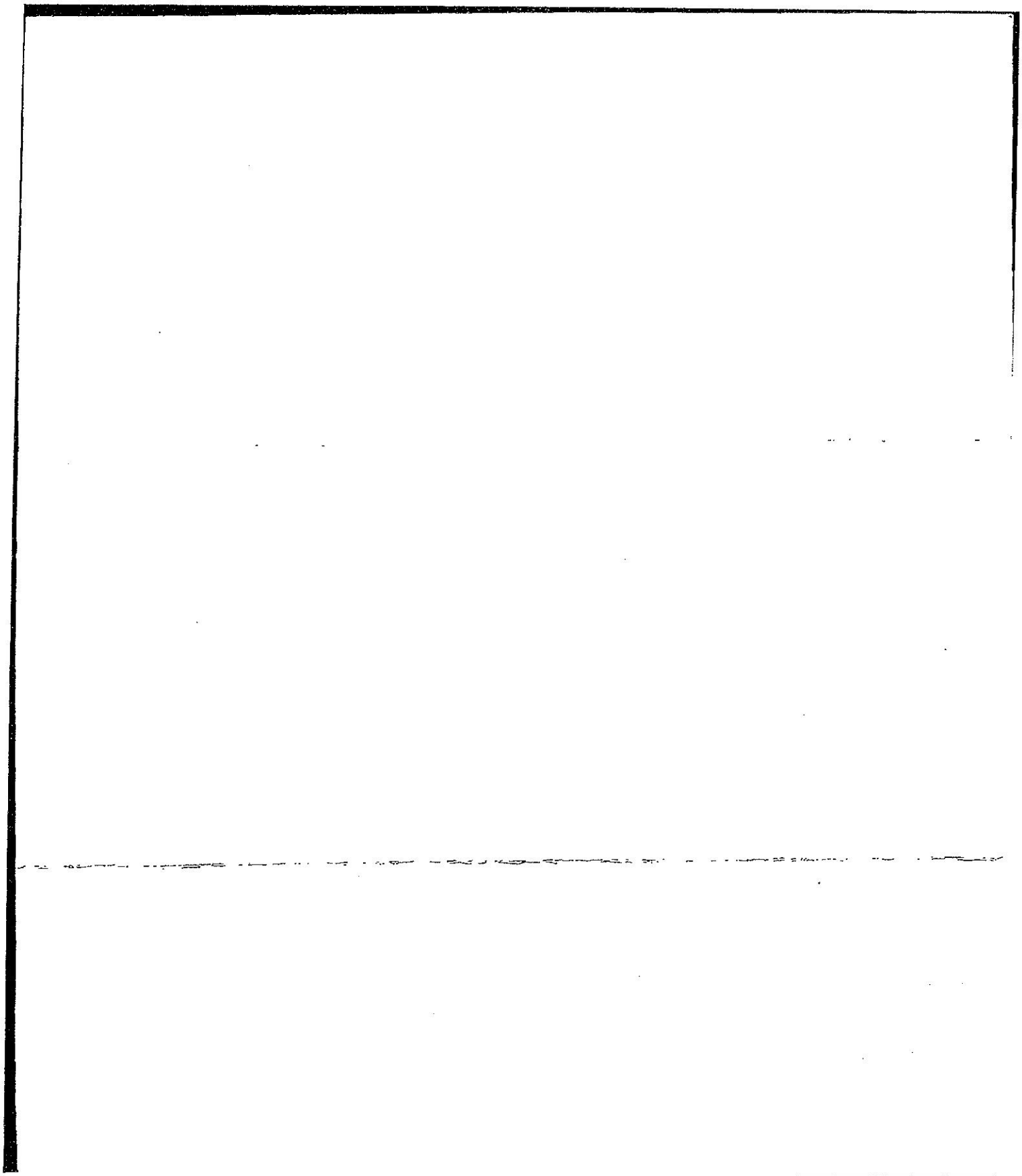
Dr. Homer
2274 NW 39th Dr
Boca Raton, FL 33431

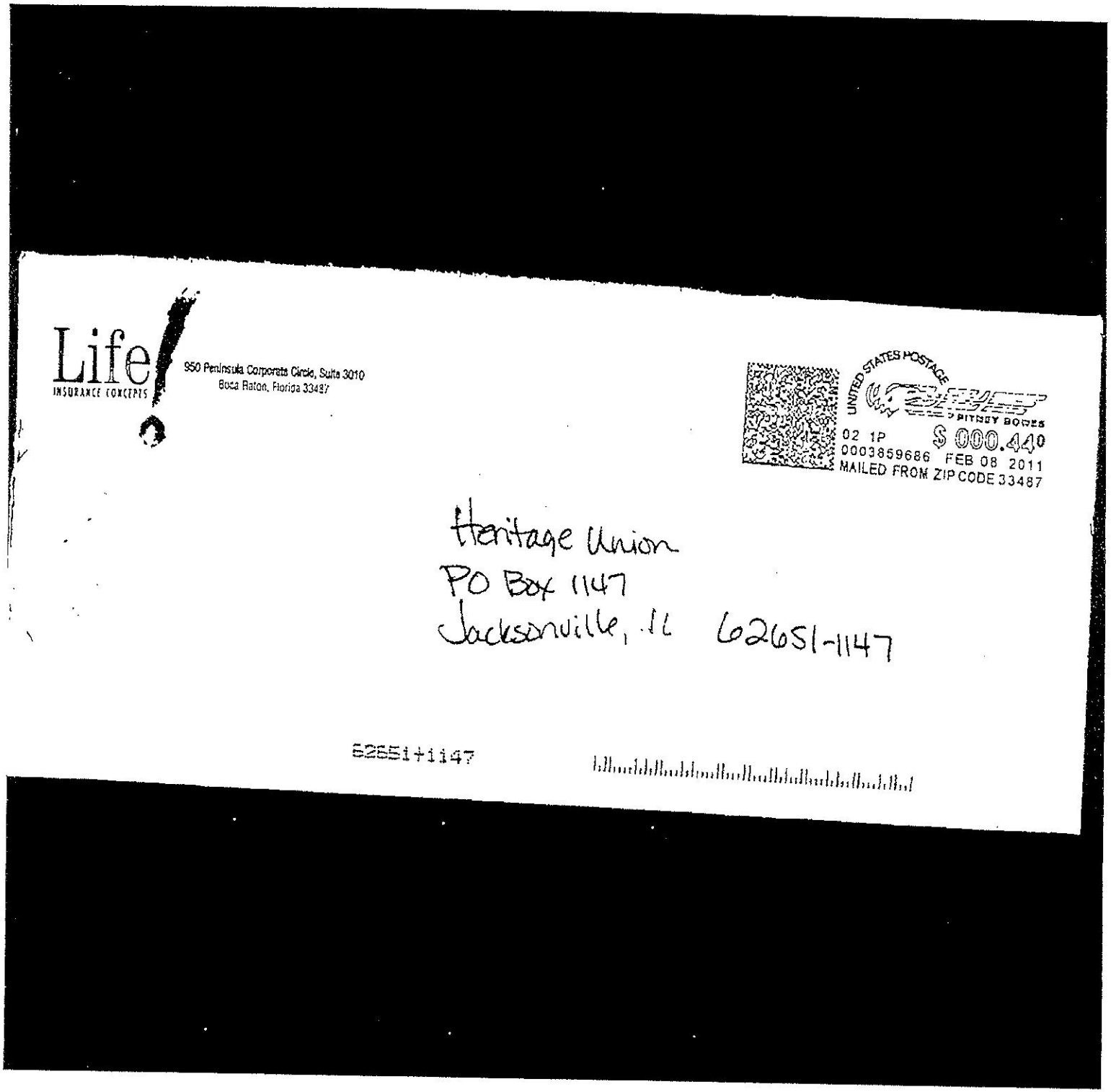
Diana Banks

From: Rachel Walker [rachel3584@gmail.com]
Sent: Tuesday, February 08, 2011 9:54 AM
To: Diana Banks
Subject: Med list for Simon

Nitroglycerin SL (the new patch the he started taking in December)
Nitroglycerin taken as needed
Plavix 75mg tablet daily
Isosorbide Mononitrate extended release 30mg daily
Serevant Diskus 50mg inhaler
Cartia XT 180mg twice daily
Pantoprazole 40mg tablet once daily
Ranexa 500mg tablets twice daily
1 vitamin D3 supplement daily
N-A-C 500 mg supplement daily
Feosol 65mg tablet daily
81mg bayer aspirin tablet daily
1 Homocysteine formula capsule daily
2 extra strength tylenol capsules daily or as needed

I think that is all :)




Life!
INSURANCE CONCEPTS
950 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487
UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.44O
0003859686 FEB 08 2011
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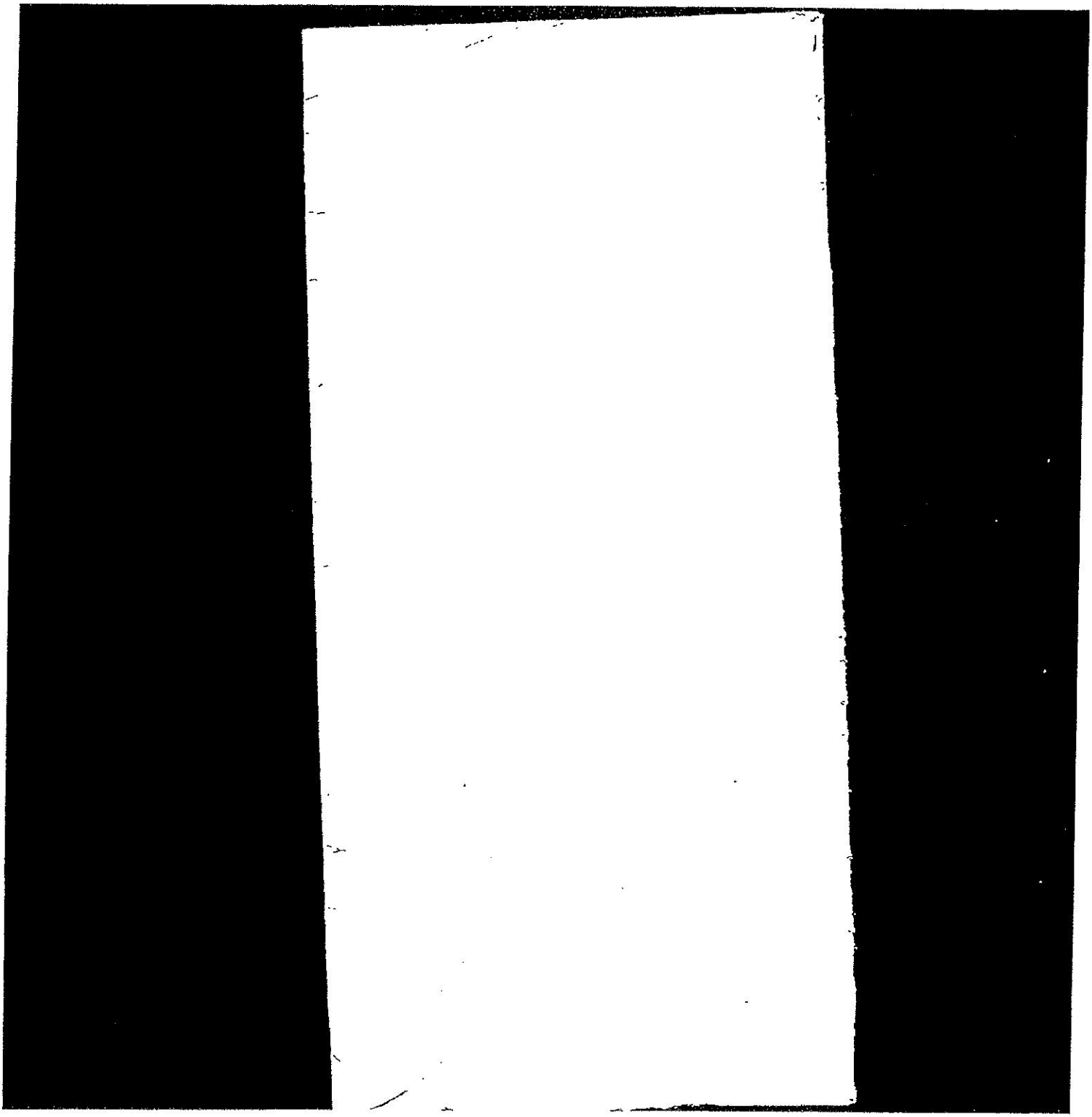
Heritage Union
PO Box 1147
Jacksonville, IL 62651-1147
62651+1147

JCK000226



62D1,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35
** SURRENDERED

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-
ACT

UL SS NBR [redacted] NO 27 2

INSURED SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

OWN(01) SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

PAYOR SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

BEN(01) LASALLE NATIONAL TRUST, N.A.

BEN(02) SIMON BERNSTEIN TRUST, N.A.

NO	99	ZP NO /0	N 0 10/27/10 N
PLAN-	CVL0A		OPTION INCLUDES CV
DIR-A	31831.00		REQ MAT **/**/**
BILLING	ON SCHED		BILLED TO 12/27/10
VALUE	139745.59		ISSUE 12/27/82
RISK	1537147.13		LAST FIN 10/28/10
SPAMT	1689070.00		LAST BILL 08/30/10
LOAN	147143.88		LAST ACCT 10/28/10
SUSP	.00		LAST OTHR 10/01/10
HANDL CODE	0		

AGT-0000735032-CAPITOL BANKERS LIF R
GA-- NONE.
CK620 DISPLAY COMPLETE

02/14/11 CS801
CICSPJAX19

62D2,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35
** SURRENDERED

AGE RTE IS CEASE FACE/UN MONTHLY SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-
ACT

(01)--CVL0A -0611-04500-3-2-CVL-0A-
M-47 N 82 12-41 1689,070 6,575.16
STATUS - PREMIUM PAYING

NO	99	ZP NO /0	N 0 10/27/10 N
PLAN-	CVL0A		OPTION INCLUDES CV
DIR-A	31831.00		REQ MAT **/**/**
BILLING	ON SCHED		BILLED TO 12/27/10
VALUE	139745.59		ISSUE 12/27/82
RISK	1537147.13		LAST FIN 10/28/10
SPAMT	1689070.00		LAST BILL 08/30/10
LOAN	147143.88		LAST ACCT 10/28/10
SUSP	.00		LAST OTHR 10/01/10
HANDL CODE	0		

CK620 DISPLAY COMPLETE

02/14/11 CS801
CICSPJAX19

62D7,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

** SURRENDERED

REIN 001 F

SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT			
NO	99 ZP NO /0	N 0 10/27/10	N
PLAN-	CVL0A	OPTION INCLUDES	CV
DIR-A	31831.00	REQ MAT	**/**/**
BILLING	ON SCHED	BILLED TO	12/27/10
VALUE	139745.59	ISSUE	12/27/82
RISK	1537147.13	LAST FIN	10/28/10
SPAMT	1689070.00	LAST BILL	08/30/10
LOAN	147143.88	LAST ACCT	10/28/10
SUSP	.00	LAST OTHR	10/01/10
HANDL CODE	0		

CK620 DISPLAY COMPLETE

02/14/11 CS801
CICSPJAX19

Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

February 15, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09320212

Dear SIMON BERNSTEIN:

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company under the current underwriting rules and practices.

☒ Until the completion of the reinstatement process, your policy will remain terminated.

☐ Until the completion of the reinstatement process, your policy will continue under the applicable "Non-forfeiture Option."

Special Note: We cannot accept premium payments during the reinstatement process. If we received a premium payment from you, a refund check will be mailed to you under separate cover.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

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Swiss Re

Eric Hoerr
Vice President

Swiss Re Life & Health America Inc.
1670 Magnavox Way IN
Fort Wayne
46804
-
USA

Telephone 1 260 435 8205
Fax 1 260 435 8757
Eric_Hoerr@swissre.com

Confidential
Jax Client Services
Underwriter
Reassure America Life Insurance Company
1275 Sandusky
Jacksonville, Illinois 62650
United States

Your reference	Our Reference
1009208	002 00237168

February 17, 2011

BERNSTEIN, SIMON L 2 December 1935

Reinstatement

Ordering APS's from Dr Homer and Dr Baum.

Eric Hoerr

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Swiss Re

Eric Hoerr
Vice President

Swiss Re Life & Health America Inc.
1670 Magnavox Way IN
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Confidential
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Underwriter
Reassure America Life Insurance Company
1275 Sandusky
Jacksonville, Illinois 62650
United States

Your reference
1009208

Our Reference
002 00237168

March 08, 2011

BERNSTEIN, SIMON L 2 December 1935

Reinstatement declined due to medical history provided in APS's from Dr Homer and Dr Baum.

Eric Hoerr

Reassure America Life Insurance Company
1275 Sandusky Rd. Jacksonville, IL 62650

March 9, 2011

Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

Insured: Simon Bernstein
Policy Number: 1009208
Administered By: Alliance-One Services, Inc.
Managed By: Reassure America Life Insurance Company

Dear Mr. Bernstein:

In connection with your application for reinstatement, we regret that we are unable to fulfill your request due to history of Coronary Artery Disease as provided in medical records obtained from Dr Baum, and history of Hepatitis C as provided in medical records obtained from Dr Homer. Because this medical information indicates a significant change in health since your insurance policy was originally issued, reinstatement is not possible. You no longer qualify for the premium rate at which your policy was issued.

If you have any questions concerning this matter, please call our Customer Support Center toll-free at 1-877-627-3618, Monday through Friday, from 7:30 a.m. to 4:30 p.m. CT.

Sincerely,

Underwriting

(AUDLTR1 - 1009208)

AWD History for Work object key 2011-02-15-09.21.38.980281T01
JLIFE - PHONE - PROCESSED - END - Updateable
[redacted] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [redacted] Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:55:04PM

Begin Date:	2011-02-15	Flags:	
Begin Time:	09:22:46	DTM Job Name:	
User Id:	JWEAKLEY	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2011-02-15
Status:		End Time:	09:22:46
Queue:			
User Name:	WEAKLEY, JOHNNETRIA		
DTM Description:			
Comments:	PO cld abt the status of policy and why it had lapsed when he sent in prem amt that was due. Wanted to spk with supv to get the policy reinstated today.		

Begin Date:	2011-02-15	Flags:	9990N0
Begin Time:	09:21:43	DTM Job Name:	
User Id:	JWEAKLEY	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2011-02-15
Status:	PROCESSED	End Time:	09:22:52
Queue:	END		
User Name:	WEAKLEY, JOHNNETRIA		
DTM Description:			
Comments:			

Begin Date:	2011-02-15	Flags:	9990N0
Begin Time:	09:21:38	DTM Job Name:	
User Id:	JWEAKLEY	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2011-02-15
Status:	PHONE	End Time:	09:21:38
Queue:	CSPROC		
User Name:	WEAKLEY, JOHNNETRIA		
DTM Description:			
Comments:			

Policy Number
1009208

AWD Docs 2