CICA LIFE
A CITIZENS COMPANY

Return completed form to
PHS@citizensinc.com
or **Fax: 512.836.9785**
*Unless otherwise specified

Reinstatement Request for Beneficiary Accidental Death Benefit (BADB)

---Please send form request through email---

Policy Number (10-digits)	Insured's Name	Insured's ID Number

Owner's Information	Owner's Name	Owner's Phone Number
	Owner's Email	Owner's ID Number

Beneficiary's Information (BADB)

Date	Beneficiary's Name	Beneficiary's ID Number

Current Job and Duties of Beneficiary	Length at Current Job

Email	Phone Number	Date of Birth

_____
Signature of Witness or Consultant

_____
Signature of Beneficiary

_____
Date

_____
Signature of Owner