STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

**POLICY HOLDER SERVICE**

4th November 2025
Ref: PHS/PO/CIR-14/2025

**FROM:** **DIVISIONAL HEAD (PHS)**

**TO:** **ALL FUNCTIONAL HEADs (PHS/IL)**

**SUB: Revival/Re-instatement Scheme 2025 for Lapsed & Auto Paid-up Policies, with Late Fees Waiver (Pak Rupee Business Only)**

The management is pleased to announce a Special Revival/Reinstatement Scheme with an objective to boost up renewal business of the Corporation, to facilitate policyholders facing financial hardships and help field workers to increase their earnings. The details of the scheme are as under:

**Period of Scheme:** 1st November 2025 to 31st December 2025.

**Salient Features:**

i. All Lapsed policies with Risk Date 01-01-2020 or later and Auto-paid up policies which can be reinstated will qualify for the subject scheme.
ii. Policies with maturity date within three years will not qualify under this scheme.
iii. All Outstanding arrears of premiums will have to be paid.
iv. Full late fee may be waived under lapsed policies whereas under paid-up policies a maximum of Rs. 25,000/- may be waived.
v. A written request will be required for endorsement on policy documents showing that policyholder will not surrender, draw Survival Benefit (SB) or avail policy loan within three (03) years of waiver. (Annexure –I for lapsed & II for paid-up).
vi. Underwriting requirements shall remain as per Underwriting Guidelines.
vii. Original policy documents shall be obtained and endorsed accordingly (specimen as per Annexure III)

A separate monthly report of the scheme will be sent by the zones to the respective Region for onward transmission to PHS-P.O.

04/11/25
(ABDUL SALAM)

**Distribution List:**

- Staff Officer to the CEO
- ALL Executive Directors
- C-Suite and All Divisional Heads
- All Regional Chiefs, Zonal Heads (IL)

STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

**POLICY HOLDER SERVICE**

4th November 2025
Ref: PHS/PO/CIR-14/2025

**Annexure I**

In-charge (PHS)
State Life,

_____ Zone

Dear Sir,

**Subject: Revival of my insurance Policy No. _____ with waiver of late fee.**

I, _____ S/O, D/O, W/O _____ and holder of policy No. _____ request you to accept the outstanding premium (s) without charging late fee thereon.

I understand that a period of two consecutive years is Contractually required to acquire the surrender value and hereby acknowledge that due to non-payment of due premium (s) my policy is in Lapsed status. I acknowledge that, the policy shall acquire surrender value after it remains inforce for three consecutive years from the date of revival and undertake that prior to which I shall not make a claim for loan or surrender under the policy.

I also agree that in case I opt for Voluntary Surrender of the policy, draw survival benefit (SB) or obtain loan thereon after two years of revival date and before completion of third year of revival or convert the policy into paid up within **THREE** years of this waiver, late fee so waived shall be recovered in full from such payment (s).

I request you to consider the policy for revival on the basis of quoted and submitted evidences of continued insurability. I am also submitting the original policy documents for endorsement accordingly.

Yours faithfully,

Signature _____

Name _____

Address _____

Mobile No. _____

STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

**POLICY HOLDER SERVICE**

4th November 2025
Ref: PHS/PO/CIR-14/2025

**Annexure II**

In-charge (PHS)
State Life,

_____ Zone

Dear Sir,

**Subject: Reinstatement of my insurance Policy No. _____ with waiver of late fee.**

I, _____ S/O, D/O, W/O _____ and holder of policy No. _____ request you to accept the outstanding premium (s) without charging late fee thereon up to the extent of Rs. _____.

I agree that in case I opt for Voluntary Surrender of the policy, draw survival benefit (SB) or obtain loan thereon or convert the policy into paid up affairs within **THREE** years of this waiver, late fee so waived shall be recovered in full from such payment (s) and the facility of cash policy loan till 3 years of re-instatement of the policy shall be up to 70% of the surrender value.

I request you to consider the policy for reinstatement on the basis of quoted and submitted evidences of continued insurability. I am also submitting the original policy documents for endorsement accordingly.

Yours faithfully,

Signature _____

Name _____

Address _____

Mobile No. _____

STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

**POLICY HOLDER SERVICE**

4th November 2025
Ref: PHS/PO/CIR-14/2025

***POLICY REVIVAL/REINSTATEMENT ENDORESEMENT WITHOUT LATE FEE***

1. Policy No. _____
2. Life insured. _____
3. Date of Revival/Re-instatement of the policy _____
4. Late fee Rs. _____

On request and expressed written desire of the policyholder and upon payment of outstanding premium (s) a late fee of Rs. _____ is hereby waived, subject to the condition that,

(i) the policy shall acquire surrender value after it has been inforce for consecutive two years from the date of revival

(ii) If the captioned policy is surrendered, survival benefit (SB) is drawn, converted into paid-up insurance or if any loan is availed on it within **THREE** years of the date of this waiver of late fee then the amount shall be recovered in full from such payment (s).

(Authorized Signature)

Endorsement No. _____

Dated: _____