

DECLARATION OF HEALTH

PERSON TO BE INSURED:

DATE OF BIRTH:

I hereby confirm that I am fit and well and have not consulted a doctor other than for a routine consultation or attended a hospital as an In-Patient during the past 5 years except for:- (If none please state none).

Date

Nature of Ailment

Treatment Received

I further declare that I have not withheld any material facts from Underwriters.

A material fact is one likely to influence acceptance or assessment of the proposal/application by Underwriters. If you are in any doubt as to whether a fact is material or not you must declare it above. Non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance.

Signed by the person to be insured.....

Date.....