

# FIDELITY LIFE ASSURANCE COMPANY LIMITED

## HEALTH DECLARATION

Personal Statement by the Life Assured submitted in support of his/her **proposal** for Life Insurance

**Proposal No.** \_\_\_\_\_ **on the life of** \_\_\_\_\_

**Date proposal signed** \_\_\_\_\_ (i.e. date on declaration page of proposal).

If you answer YES to any of the questions 2-11 please give full details in the space provided at the bottom of the page.

1. Are you now in good health and following usual employment: Yes  No   
If "NO" please provide details below.
2. Have you suffered from any illness or injury since the date of proposal? Yes  No
3. Have you consulted or been attended by any Doctor since the date of proposal? Yes  No
4. Have you been advised to have any tests, treatment or operation? Yes  No
5. Have any of your near relations suffered from any serious illness or died since the date of proposal? Yes  No
6. Have you changed your occupation or work duties since the date of proposal or do you intend to change your occupation or work duties? Yes  No
7. Have you made any proposal for an assurance on your life to any Company since the date of proposal? Yes  No
8. Have you taken up any hazardous, pastime or pursuit (including aviation, other than as a fare-paying passenger on a recognized airline)? Yes  No
9. Do you smoke tobacco products? If "YES" state quantity and date commenced. Yes  No
10. Has your income varied substantially since date of proposal? Yes  No
11. Have you or your spouse or living partner made a claim on any other disability policy or required full or part time care since date of proposal? Yes  No

Question No.	Date	Details – Full Description

### DECLARATION

I declare that the statements made are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this proposal. I agree that this questionnaire will form part of my proposal for Life Insurance and that failure to disclose any material fact may invalidate the contract.

I agree to inform the company in writing of any change in my circumstances between the date of application and the issue of the policy contract. I understand that cover will not commence until the first premium has been received and the policy or acceptance letter has been issued.

Signature of Life to be assured: \_\_\_\_\_ Witness: \_\_\_\_\_

Date \_\_\_\_\_ Occupation: \_\_\_\_\_