



## Declaration of Good Health

Company Name/Policy No.	

### Personal Details of Scheme Member, i.e. Life to Be Assured

Title	Mr/ Mrs/ Ms
Full Name ( <b>BLOCK</b> Letters)	
Date of Birth	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee ID/ Member Cert No.	
Nationality	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
	City
	State Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone No. with STD Code	Mobile Work
Email address	

1. I declare that I am of good health and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor am I currently receiving, nor do I expect to receive any treatment, nor been hospitalized, nor do I expect to be hospitalized for any ailment or disease.

2. I have not had any application for life, accident, health or critical illness insurance on my life ever been declined, postponed or accepted at other than normal terms.

Signature/Thumb impression  
Of the Scheme Member / Life to be Assured .....

Date .....  
Place .....