

Application/Policy no.



# Declaration of health

## To be completed by the Life Assured

Please state full details in reply to each question, using an additional sheet, if necessary.

### 1. Life Assured

Title:  First name:  Middle name(s):  Surname:

Date of birth:

### 2. Health declaration

I declare that I have permanently stopped smoking and have given up smoking for 12 months or more. ☐ Y ☐ N

1. Since submitting this proposal dated

(a) Have you suffered from any illness or accident? If Yes, give details below. ☐ Y ☐ N

(b) Has your family medical history altered? If Yes, give details below. ☐ Y ☐ N

(c) Have you visited any doctor? If Yes, give details below. ☐ Y ☐ N


2. Have you applied for Life Assurance, Disability or Sickness and Accident Insurance or been medically examined for any other company since the above date? (If Yes, state the name of the company and whether your application was declined, deferred or accepted on special terms).


3. What is the name and address of your current doctor?

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4. (a) Are there any circumstances which affect the risk of a policy of insurance on your life?

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(b) Have you changed your occupation since policy inception? If yes, please give details. ☐ Y ☐ N

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5. (a) Do you intend to fly except as a passenger on a recognised air route? ☐ Y ☐ N

If yes, please give details.

(b) Do you intend to engage in any military, naval or air service or to visit a war zone? ☐ Y ☐ N

If yes, please give details.

(c) Do you intend to engage in any sport or recreation including aviation, motor sport or underwater diving? ☐ Y ☐ N

If yes, please give details.

(d) Do you intend to travel or live abroad?

<input type="checkbox"/>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
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If yes, please give details.

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### 3. Declaration

I declare that the above information is true and correct and I agree that this declaration shall form part of the proposed contract for insurance. I authorise any doctor, hospital, clinic, ACC or insurance company to disclose to AIA New Zealand any and all information concerning my past medical history. A photocopy of this authorisation shall be as valid as the original.

**I / We declare that I / we have read and understood the above declaration and agree to be bound by these terms and conditions.**

(To be signed by the parent / legal guardian if the Life Assured is a child under 16 years.)

**Full name of Life Assured**

**Signature of Life Assured**

**Date**

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