

Declaration of Continued Good Health

Policy number:

Person to be insured:

1. Within the last 12 months have you used e-cigarettes/vaporisers, used or smoked any product containing tobacco, or used nicotine replacement therapy? Yes No
If 'yes' please provide details (i.e.: cigarette, cigars, pipe, marijuana, or nicotine replacement patches/tablets/inhalers).

Type (or any combination of these options, e.g. cigarettes and marijuana):

Daily quantity:

Date commenced: / /

Date ceased (if applicable): / /

2. Since the commencement of the policy listed above or, where the policy has not been issued, the application for the insurance was completed, have you had any change in health or suffered from any sickness or injury? Yes No
If 'yes', please provide details.

3. Since the commencement of the policy listed above or, where the policy has not been issued, the application for the insurance was completed, have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker? Yes No
If 'yes', please advise reason for consultation, date and name and address of person consulted.

4. Are you now, to the best of your knowledge and belief, in as good a state of health as at the time the policy listed above was issued or, where the policy has not been issued, the application for the insurance was completed? Yes No
If 'no', please provide details.

5. From that stated in your application for insurance has there been any change in:
 i. Your occupation or occupational status, e.g. from employee to employer? Yes No
If 'yes', please provide details.

ii. Your participation in organised sport or any hazardous activity, e.g. motor or water sports, aviation, football, parachuting?

Yes No

If 'yes', please provide details.

6. Has any application for insurance on your life been submitted to any other company since the policy listed above was issued or, where the policy has not been issued, the application for the insurance was completed?

Yes No

i. If 'yes', please advise type and amount of cover, and name of company.

ii. Has this cover been accepted?

Yes No

If 'yes', please advise if accepted at standard rates, accepted at an increased premium or with amended terms.

If 'no', please advise why the cover has not yet been accepted, including if deferred.

7. Since the commencement of the policy listed above or, where the policy has not been issued, the application for the insurance was completed, have you been diagnosed, received or considered seeking any advice, tests, treatment or an operation, from a health professional for:

- skin cancer, lesion, lump or suspicious mole
- an abnormal pap smear (female only)
- a breast lump
- any other form of cancer whether malignant or not?

Yes No

If 'yes', please provide details.

Your duty of disclosure is continuing (to be completed in all cases)

Please read carefully.

When you completed your application for insurance, we explained why it is very important for you to comply with your duty of disclosure by providing us with accurate information. This duty of disclosure continues until the time when your policy is issued. If your policy has not yet been issued, you still have a duty to provide us with any additional information, including details of any changes since the time your application form was completed. If you are applying to make any change to your policy, you are also required to comply with your duty of disclosure.

As explained in the application form, your duty of disclosure requires you to us all information about you, your personal circumstances and history to allow us to accurately assess the insurance we can provide to you. This is material information relevant to your application for insurance. Material information is information which might influence our decision to insure you and the terms and amount of premium which applies to your insurance policy. The information you need to tell us depends on what you are applying for. Typically, it includes information about your background, occupation, medical history and current health, personal habits and finances. There may be other types of material information about you which should also be disclosed.

You meet your duty of disclosure by providing us with complete and correct answers to all the questions that we ask, and by telling us anything else that might be material, even if we don't specifically ask you about it.

The policy owner(s) and the person to be insured must tell us if the person who is or is to be insured has had a change in their personal circumstances which would mean that the answers to any of the questions given in the original application form are no longer completely true and correct.

It is important that you have answered all questions accurately in the application form and in this Declaration of Continued Good Health, even if you need to go away and find the information from other sources, or if you need to advise us of a correction needed to a previous answer.

Risks to you from non-disclosure

If you don't provide us with accurate or complete information, even if you accidentally provide inaccurate information, you may be affected in the following ways:

- Claims that you make under the policy may not be paid;
- Your insurance policy may be cancelled or treated as if it never existed;
- You may not be able to obtain other insurance in the future;
- You could experience other financial hardship.

If you are unsure about whether you should disclose something it is always safer to advise us or call our Customer Service Team on **0800 737 101** to check.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Sign here

Date