PURPLE Life

Declaration of Health

Hollard.

To be completed by the life insured only when applying for the Life Cover Benefit

Name & Surname of Insured _____

ID Number _____ **Policy number (if applicable)** _____

1	Are you presently in good health?	☐ Yes ☐ No
2	Have you been admitted to hospital for more than 3 consecutive days in the last 3 years other than for accidental injuries, uncomplicated childbirth, appendectory (removal of the appendix) or elective cosmetic procedures?	☐ Yes ☐ No
3	Are you taking more than one chronic medicaton on a daily basis for any chronic (on-going) illnesses?	☐ Yes ☐ No
4	Have you ever had any testing or treatment for HIV/AIDS other than for insurance purposes, company sponsored testing or routine testing in pregnancy?	☐ Yes ☐ No
5	Has an application for insurance on your life ever been declined or postponed (deferred)?	☐ Yes ☐ No
6	Have you ever attempted suicide or been treated for drug or alcohol abuse?	☐ Yes ☐ No
7	Have you been told by a doctor or health worker that you have one or more of the following health problems: cancer, heart disease/problems, stroke, diabetes or tuberculosis?	☐ Yes ☐ No
8	Have you been on sick leave for more than 10 working days in the last 12 months?	☐ Yes ☐ No

If you answered YES to any of the before-mentioned questions, please supply details below

Qst #	Nature and duration of complaint or symptom	Date	Name and address of attending doctor/hospital	Date of last symptom

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with the said application shall be the basis of the contract between me and Hollard Life. I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

_____ _____

Signature of Life Insured Date