



NICO LIFE INSURANCE COMPANY LIMITED

P.O. BOX 3044
BLANTYRE

DECLARATION OF HEALTH FORM

SURNAME.....FIRST NAMES.....

ADDRESS.....

SCHEME:.....

NOTE:

ALL QUESTIONS MUST BE ANSWERED IN FULL AFTER CAREFUL CONSIDERATION.

	QUESTION	ANSWER
1	Are you in good health?	
2	Have you any intention of residing abroad? If so, where?	
3	What is your present weight (in Kilograms)?	
4	Since the date of your last medical examination for or the application for insurance if no such examination was required:	
	a. Have you suffered from any illness or injury, consulted any physician or surgeon, or received medical advice?	
	b. Have you had any medical or surgical investigations or treatment or any check-ups or x-rays (including mass, miniature x-rays)?	
	c. Has there been any change, which may affect the risk on your life (e.g. in regard to occupation, aviation, hazardous hobbies, sports, etc.)?	
	d. Has any application for insurance on your life ever been declined or accepted on special terms?	

	e. Have you ever been tested for or received medical advice, counseling or treatment in connection with AIDS, or any infection by one of the AIDS viruses, or any sexually transmitted diseases e.g. hepatitis B, gonorrhea, syphilis or any venereal disease (use a separate sheet of paper if necessary)?	
5	If you smoke (however infrequently) then how many cigarettes do you smoke on average per day?	
6	If you consume liquor (however infrequently) then how much on average do you consume per day. Please indicate amount of beer, wine or spirits.	

DECLARATION

I declare that the foregoing questions have been fully considered and that my statements are strictly true and complete and are in my own handwriting – as directed by me.

I agree that this declaration shall be incorporated with and form part of the application to which is the basis of the insurance and that if any material information is withheld the sum insured and monies due to be paid by the company shall be forfeited.

I hereby irrevocably authorize and request any doctor or other person who may be in possession of, or hereafter acquire, any information concerning my health up to the present time, to disclose such information to the company, and I agree that this authority and request shall remain in force after my death, as well as prior thereto.

Signature of applicant.....Date.....

