Declaration of Health

Policy number / Contract number

.....

Name of intermediary

.....

Client number

.....

Employer / Pension Fund

.....

What is the purpose of this form?
When applying for a life insurance or occupational disability insurance, you as the insured receive this declaration of health. You should fill in your medical details on this form. Following this, the medical adviser advises the insurance company as to whether the insurance can be accepted and on what conditions.
Before filling in read Notes to the Declaration of Health (version 2)

Filling in the questions
It is very important that you answer all the questions correctly and fully. If you answer a question with 'Yes', you must also give an explanation. If you need more space for this, continue on a separate sheet of paper. Show clearly to which questions the appendix refers. In the case of question 3, however, you must give an explanation on the attached appendix.

State all your symptoms, even if you think they are not important or have not seen a doctor. It is crucial that you answer every question to the best of your ability, without any attempt to evade a question or disguise the truth. This is called your "duty of disclosure". If you fail to comply with your duty of disclosure this may mean that the insurance is invalid and that the insurer may refuse to waive the premium or to make payment in the case of occupational disability or death.

If your state of health changes
If your state of health changes after filling in this form, but before the insurance takes effect, you must immediately inform the insurer of this. Final acceptance will be received in the form of a confirmation of final acceptance from the insurer or from a policy or acceptance document sent to you.
Please read the notes under the heading "If your state of health changes'.

1 General information

Who is the insured?

Name ..... ☐ Male ☐ Female

First names .....

(Write only the first name in full.)

Address .....

Postal code ..... Town/City .....

Date of birth .....

Job .....

What do your work activities consist of? .....

How many hours a week do you usually work? .... hours

My work consists of:

Manual labour	.... *hours*	*Administration*	.... *hours*
Managing/supervising	.... *hours*	*Travelling*	.... *hours*

Since when? .....

Who is your family doctor? .....

Address .....

Postal code ..... Town/City .....

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