

DECLARATION OF HEALTH

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

1.1 What is your current occupation? _____

1.2 Describe your current duties in percentages

Admin	<input type="text"/> %	Supervisory (manual labour)	<input type="text"/> %
Travel	<input type="text"/> %	Manual	<input type="text"/> %

1.3 What is your monthly taxable income? _____

1.4 What is your monthly income after tax? _____

1.5 Height (without shoes) _____ cm Weight (in normal clothes) _____ kg

1.6 Do you currently smoke, or have you smoked in the last 12 months? YES NO

1.7 Do you consume any alcoholic liquor? YES NO

If YES, state quantity and type per week _____

1.8 Have you been admitted to hospital for 2 or more consecutive days (apart from confinement due to maternity or appendectomy) in the last 3 years? YES NO

1.9 Are there any health factors (past or present) that may influence the risk on this policy, such as heart attack, heart disease, stroke or other neurological conditions, cancer, liver or kidney disease, impaired vision (other than reading glasses and contact lenses), hearing disorder, diabetes, hypertension, raised cholesterol, HIV or Aids, TB in the last 12 months, respiratory disorders requiring ongoing medication, back or neck problems, bone or joint problems, psychological conditions or any other disease requiring chronic medication or therapy on an ongoing basis? YES NO

1.10 Since your original application, have you been referred for any medical tests, medical investigations or surgery (including blood tests, ECG's, angiograms x-rays, examinations, pap-smears, mammograms, colonoscopies, gastroscopies or ultrasound, with abnormal results or specialised laboratory tests) or other specialist radiological, medical or physical investigations, excluding tests for insurance purposes or have you been advised to follow up on any abnormal medical test results in the last 3 years? YES NO

1.11 Do you engage in any high-risk occupation, sport, hobby or pastime that may expose you to a higher-than-average risk of injury, such as speed contests, flying a helicopter or plane, diving below 40 metres, mountaineering, boxing or similar? YES NO

1.12 Has any application for life cover, critical illness cover or disability cover been declined, withdrawn or accepted with a loading or terms other than applied for? YES NO

1.13 Do you travel or intend to travel for business to any places outside the borders of South Africa? YES NO

1.14 Are you awaiting any blood or other medical tests or results, scheduled treatment or any appointment with a doctor or specialist? YES NO

1.15 Are you aware of any change in your state of health (improvement or deterioration) since the policy commenced? YES NO

1.16 Have you been unable to perform the duties of your occupation within the past 3 years for reasons other than colds or flu? YES NO

Initials

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

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

2. Hollard Life bank account details (for outstanding premium payments)

Hollard Life, Nedbank, Fox Street – 190 805, Account no. 1454 0123 15

Please quote the policy number as reference on deposit.

3. Declaration by life insured

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 my 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.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

