



HEALTH STATEMENT				
Name of Insured: <i>(Please Print)</i>				
Date of Birth:	Place of Birth:	Height:	Weight:	
Name of Owner or Guardian:				
Date of Birth:	Place of Birth:	Height:	Weight:	
Policy Number:	Certificate Number:	FULL DETAILS In answer to question #'s 1.a., f, and 2, give diagnosis date of symptoms, duration, treatment and results, name of physician and/or hospital and address		
QUESTION	Insured Yes No			
1. a. Have you had any illness disease or injury?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
b. Have you consulted, been treated or operated on by any physician?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
c. Have you been confined in any clinic, hospital or institution?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
d. Have you applied for a new insurance, change in plan or reinstatement of insurance which was declined, postponed, withdrawn or modified in kind, amount or rate? If "YES", what Insurance Company? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
e. Has there been any change in your occupation? If "YES", what is your present occupation? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
f. Has there been any death of illness among your immediate members of your family? (IF ANSWER IS "YES" TO ANY OF THE ABOVE, GIVE FULL DETAILS.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
2. Are you now in good health?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
3. If you are a female applicant, are you now pregnant? If "YES", How many months? _____ How many previous pregnancies? _____ Is there any pregnancy related complications? If yes, provide details.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
4. Do you engage or have plans to engage in hunting, motor-cycling or pillion riding, mountaineering which necessitates the use of ropes or pitons, racing of any kind other than on foot; ice or winter sports, water ski-jumping and trick yachting beyond 5 kilometers of a coastline, underwater activities involving the use of mechanical power other than portable tools applied by hand and used solely for private purposes without reward?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

I/We hereby agree that:

- The Company, within 1 year from approval of this application, can declare the reinstatement, amendment, or issuance of this policy as null and void if there's any falsity or incompleteness in the answers contained herein;
- That the payment herein made shall not be binding until and unless this application is actually approved by the Company during the lifetime and good health of insured (and Owner if Applicable);
- The company shall not be liable for any loss which occurs prior to the approval of this application
- Article 1250 of the New Civil Code shall not be applicable to the payments made herein;
- The agent cannot waive any conditions stated herein.

DISCLOSURE: In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

Signed at _____ this _____ day of _____, _____

Signature of Witness

Signature of Insured/Applicant

IN CASE OF MINOR APPLICANT: I sign this statement in my behalf as Parent, Guardian, Owner as the case maybe, and in behalf of the minor insured or applicant.

Signature of Witness

Signature of Parent or Guardian and/or Owner
(Required if applicant is under age 18)

**PLEASE MAKE SURE THAT ALL FIELDS ARE FILLED OUT
ESPECIALLY THE HIGHLIGHTED PORTIONS**

Form No. DHS-2019