redefining / insurance

Group Insurance Health Declaration Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142), you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Please complete in block letters and ink. Any alteration must be initialled.

Employer			Person-in-charge		Tel (office)	Fax (office)
Name of person to be insured (as in NRIC, underline surname)						
Date of birth	NRIC/passport no.	Nationality	Citizenship	Sex	Race	Marital status
Occupation & job duties		Date of hire	Monthly salary	Email address (if any)		
Address of person to be insured			Postcode	Tel (home)		
Height (cm)	Weight (kg)	Any weight change over the past year? ❑ Yes ❑ No Amount of weight change: Reasons:				

Note: If the master policy provides coverages for dependants, please also complete those questions for spouse/children. If not, to ignore.

Spouse to be insured	Sex	Date of birth	NRIC/passport no.	Height (cm)	Weight (kg)
First child to be insured	Sex	Date of birth	NRIC/passport no.	Height (cm)	Weight (kg)
Second child to be insured	Sex	Date of birth	NRIC/passport no.	Height (cm)	Weight (kg)
Third child to be insured	Sex	Date of birth	NRIC/passport no.	Height (cm)	Weight (kg)

Family health history

(Please tick answers accordingly)

1. Has either of the insured's natural parents or any siblings suffered or died from heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer (please specify type), paralysis, epilepsy, mental illness or has the insured's spouse suffered from any AIDS related condition? ❑ Yes ❑ No If yes, give full details below.

Living	
Relationship	Age at onset of illness
Suffering from	

Deceased	
Relationship	Age at death
Cause of death	

Personal health history

	Applicant	Spouse	Children
2. Has the insured ever had any application for life, accident or health insurance rejected, postponed or accepted at other than standard terms by any insurer?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
3. a) Does the insured smoke cigarettes? If yes, how many sticks per day: _____ & for how long _____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
b) Has the insured smoked any cigarettes in the past 12 months?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
4. Has the insured taken drugs before or does the insured consume alcohol? If yes, state type _____ and quantity consumed: _____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
5. Does the insured engage in any hazardous activities, sports or pastimes? Details: _____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
6. Has the insured ever suffered or do the insured now suffer from heart disorder, high blood pressure, chest pains, renal stones, kidney disease, diabetes, asthma, blood disorder, liver disease, hepatitis, cancer, growths or other malignancies, mental disorder, HIV infection or any other serious illnesses/physical disabilities?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
7. Has the insured ever suffered or does the insured now suffer from any disorders or any other diseases, deformities or complaints which have not been mentioned above?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
8. Has the insured received any medical advice, counselling or treatment in connection with AIDS, AIDS related complex or any other AIDS related condition, been told the insured had any of these or that the insured had a positive HIV blood test or in the last three (3) months had any of the following symptoms for more than a week continuously: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way #24-01 AXA Tower Singapore 068811
AXA Customer Centre #B1-01 Tel: 6880 4888 Fax: 6338 2522
Website: www.axa.com.sg

	Applicant	Spouse	Children
9. Is the insured currently under observation or receiving any treatment or medication?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Does the insured intend to seek medical treatment in the near future?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11. In the past five (5) years, has the insured had any diagnostic test such as X-ray, electrocardiogram or blood study, illness, operation, medical advice, hospital treatment not mentioned above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Female: is the insured pregnant? If so, how many months:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. Female: has the insured ever had any complication at childbirth or disorder of the breast or female organs?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If the insured answer "Yes" to any of the questions above, please provide full details. Please attach a complete set of medical reports if the insured has any.

Nature of illness/disease	Commencement date	Duration	Present condition *(ie. type of medication, treatment received, date of last consultation, etc.)*	Name and address of doctor

I/We declare that the above answers are true and correct to the best of my/our knowledge and that I/We have not withheld any relevant information which might have otherwise affected the acceptance of my/our application, otherwise the policy may be void from inception. I/We also authorize any medical body or insurance company or the Life Insurance Association's (LIA) medical register that has knowledge about me/us to disclose to AXA Insurance Pte Ltd ("AXA") or for AXA to release to any medical source, insurance office or the LIA's medical register any relevant information concerning me/us and/or my dependants at any time, irrespective of whether the proposal is accepted by AXA. I/We understand and agree that the insurance applied for will become effective only upon acceptance by AXA and the premium being fully paid. A photocopy of this authorization shall be as valid as the original.

In connection with my/our application or declaration, I/We give consent for AXA and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or my dependants, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and my Employer when claiming under a Group Policy) for the purpose of enabling AXA to provide me/us and/or my/our dependants (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our claims or my Employer's Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("Purposes").

Signature of person to be insured	Date	Signature of spouse to be insured	Date

For official use

Policy no.	Member no.	Age next birthday:	Sex: F ❑ / M ❑

Underwriting for:

	Free cover limit	Last sum insured	Excess sum insured	**Total sum insured**
GTL/TPD				
GDI				
GCI				
GHS plan				

Checklist to be completed by servicing staff:

❑ Member ❑ Spouse ❑ Children	❑ New case
❑ HDF duly completed including height/weight	❑ Existing case, to attach previous u/w papers
❑ Height/weight: Std / Ow / Uw	❑ U/W requirements: (HIV required for SI $500,000 & above)

Underwriter's decision: