



# GENERALI PILIPINAS

## Life Assurance Company

### HEALTH STATEMENT

Name of Employer \_\_\_\_\_ Group Policy No. \_\_\_\_\_  
 Name of Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height (in meters) \_\_\_\_\_ Weight (in pounds) \_\_\_\_\_

- |  | Yes                      | No.                      | Details of "Yes" answers. |
|--|--------------------------|--------------------------|---------------------------|
| 1. Any weight change (loss/gained) of more than 5 lbs. lost/gained during the last 12 months? If so, by how many pounds and why? | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 2. Have you ever suffered from or sought medical treatment for:  |                          |                          |                           |
| a. epilepsy, fainting attacks or any disorder of the mental or nervous system?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| b. asthma, bronchitis or any lung problem?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| c. chest pain, high blood pressure, stroke or heart disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| d. indigestion, ulcer, chronic, or recurrent diarrhea or any other disorder of the digestive system?                             | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| e. diabetes, or any disorder of the kidneys, liver or urinary system?  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| f. rheumatic fever, arthritis, gout or any joint or bone disorder?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| g. cancer, tumor, enlarged gland, or blood disorder?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| h. unexplained recurrent or persistent fever, weight loss or any skin disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| i. any sexually-transmitted disease (such as syphilis or gonorrhea) or viral disease (e.g. Hepatitis B, or AIDS)?                | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| j. any other illness, injury, disability not mentioned above?  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 3. Have you ever received treatment with any blood product or undergone blood transfusion?                                       | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 4. Have you suffered any other disease or complaint not mentioned above?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 5. Except as prescribed by a physician, have you ever used shabu, cocaine, heroin, marijuana, LSD or other narcotics?            | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 6. Have you ever been advised by a physician to stop drinking alcohol or to drink in moderation?                                 | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 7. Are you currently taking medications, or are you under medical care of any kind?  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 8. For females:  |                          |                          |                           |
| a. Have you had any complication with pregnancy?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| b. Any complications with pregnancy?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| 9. Do you have any other application for or reinstatement of life insurance pending?   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| If yes, give details.  |                          |                          |                           |
| With Generali Pilipinas   P _____  |                          |                          |                           |
| With other companies    P _____  |                          |                          |                           |

I, the life insured, declare that to the best of my knowledge and belief the above answers are full and true; and agree that, this application, if approved, with the answers given in any other declaration which may be required by Generali Pilipinas and which relates to the insurability of the life insured or to the change of this policy, shall be the basis for delivery, change or reinstatement. I agree: (1) that Generali Pilipinas shall incur no liability by reason of this application or by reason of any cash paid or settlement made in connection therewith, until this application has been approved by Generali Pilipinas with no change having taken place in the insurability of the insured subsequent to the date of this application, (2) that all material facts, being facts which might influence the assessment of this Application, have been disclosed on this Application, it being understood that failure to make such disclosure renders the contract void and (3) that if, on the basis of this application, the policy is changed so as to result in an increase in the amount at risk, death by suicide within a period of years from the date of this application equal to the period specified in the Suicide Provisions of the policy, is a risk not assumed under the changed policy in respect of any increase in the amount at risk.

Signed at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature Over Printed Name of Witness

\_\_\_\_\_  
Signature over Printed Name of Insured

**Please check if client is an OFW \_\_\_\_\_**