

# DECLARATION OF STATE OF HEALTH

## Group insurance contract

Name	First name
Date of birth	Address
Organization	

### Questions posed by the insurers

1. What is your weight and height ?  
Do you have a tendency to put on weight ?
2. Are you handicapped ? (by birth, by sickness, accident)  
If yes, indicate
  - nature of handicap ?
  - since when ?
3. Have you ever been indemnified (pension, capital) for an incapacity ?  
If yes, indicate :
  - a) military ?
  - b) civil (professional accident or illness) ?
  - c) by an insurance company ?
 (physical damage)  
Degree of invalidity ?  
(if over 20 % please forward copy of the description of the infirmities having given rise to indemnification)
4. Does your present state of health permit you to completely fulfil your professional activities ?
5. Have you ever stopped work for more than one month as a result of an accident or illness ?  
If yes, indicate :
  - reason for incapacity
  - duration of incapacity
  - exact dates if the incapacity took place during the last twelve months.
6. What illnesses have you had ?  
Indicate :
  - the dates
  - any resulting incapacity for work
  - treatments prescribed
  - any consequences with regard to your state of health
7. Have you ever undergone (or are you to undergo) surgical operation of any kind ?  
If yes, indicate :
  - nature of the operation
  - date
  - any consequences with regard to your state of health

### Reply of the person to be insured

WEIGHT	HEIGHT
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No

**Questions posed by the insurers**

8. Do you have a family doctor ?

If yes, indicate :

- do you consult him regularly ?
- for what reason ?

9. Have you ever been hospitalized (hospital, clinic, sanatorium) ?

If yes, indicate :

- reason
- duration
- final date of the hospital treatment if ceased less than one year ago

10. What are the usual figures of your blood pressure ?

11. Do you have a good eyesight ?

Do you wear glasses ? If so, why ?

12. Are your parents alive ?

If yes, indicate their state of health.

If they are dead, indicate age and cause of death.

13. Have you ever been refused, deferred or accepted with additional premium or exclusion of guarantees, a proposal for insurance by an insurance company ?

If yes, when ?

Why (if you know) ?

14. Have you ever been exempt from or had military service deferred ?

If yes, indicate :

- when ?
- why ?

15. Indicate any complementary information which may be of interest to the insurers' medical adviser.

**Reply of the person to be insured**

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

I certify that the statements made by me in answer to the above questions are true, complete and correct to the best of my knowledge and belief. I understand that nullity of the insurance or reduction of the insured capital sum might be applied in the event of claim if it were proved that the person to be insured had established a false declaration.

All data supplied may be processed by Vanbreda International for the purposes of customer services, risk acceptance, contract management and claims handling, and the payment of benefits. The individuals concerned consent to their health-related data being processed to the extent necessary for contract acceptance, management and performance by the handlers acting within the context of the contract. This processing is provided for by the Privacy Protection Law of December 8, 1992. All information will be handled with the utmost discretion.

The individuals concerned have the right to know the data, to have them corrected and to object, free of charge, to their use for direct marketing purposes by sending a dated and signed request together with a photocopy of both sides of their identity card to Vanbreda International's Customer Service Department.

This box has to be ticked if the individuals concerned do not wish to be informed about Vanbreda International's direct marketing actions.

More detailed information is available from Vanbreda International's Customer Service Department – Plantin en Moretuslei 299 – 2140 Antwerpen – Belgium.

SIGNED AT

ON

(Signature of the person to be insured, preceded by the handwritten words : "Read and approved".)