ASIANLIFE & General Assurance

HEALTH STATEMENT

Insured Name (Please Print)		Date of Birth:
Name of Owner or Guardian		Place of Birth:
Policy No.	Cert No.	Height: Weight:

Questions	Insured		FULL DETAILS
	Yes	No	In answer to question #'s 1a - f and 2, give diagnosis, date of symptoms, duration, treatment, results, Name of Physician and/or hospital and address.
1a. Have you had any illness, disease or injury ?	☐	☐	
b. Have you consulted, been treated or operated on by any physician?	☐	☐	
c. Have you been confined in any clinic, hospital or institution?	☐	☐	
d. Have you applied for a new insurance, change in plan or reinstatement of insurance which was declined, postponed, withdrawn or modified in kind, amount or rate?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?	☐	☐	
e. Has there been any change in your occupation? If "YES" What is your present occupation?	☐	☐	
f. Has there been any death or illness among the immediate members of your family ?	☐	☐	
(IF ANSWER IS "YES" TO ANY OF THE ABOVE, GIVE FULL DETAILS.)			
2. Are you now in good health? (IF "NO", GIVE FULL DETAILS.)	☐	☐	
3. If you are a female applicant, are you now pregnant?	☐	☐	
If "YES" , How many months?	☐	☐	
How many previous pregnancies?	☐	☐	

I / We hereby agree that:

1. 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;
2. 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); and prior to this approval, the company shall not be liable for any loss which occurs before the requirements for this application are fully satisfied;
3. Art. 1250 of the New Civil Code shall not be applicable to the payments made herein;
4. The agent cannot waive any conditions stated herein.

Signed at _____ this _____ day of _____ ,20__

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 PROPERLY FILLED OUT ESPECIALLY THE HIGHLIGHTED PORTIONS