

## Declaration of Continued Good Health

Application number

Name of life to be assured

### Your duty of disclosure

Before you enter this contract of insurance you have a duty to disclose to Partners Life Limited every matter that you know (or could reasonably be expected to know) is relevant to Partners Life Limited's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Partners Life Limited when you apply to vary or reinstate the insurance.

If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document.

**This duty continues to apply until Partners Life Limited notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.**

- a) Since the date of your most recent application to this company have you had any change in health or suffered from any sickness or injury?  
If **yes** please give details.

Y | N


- b) Since the date of your most recent application to this company have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker?  
If **yes** please give reason for consultation, name, address and date of practitioner consulted.

Y | N

Reason for consultation	Name of practitioner	Address	Date
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			/ /
			/ /
			/ /

- c) Are you now, to the best of your knowledge and belief, in as good a state of health as at the time your most recent application was submitted?  
If **no** please give details.

Y | N


- d) From that stated in your most recent application for insurance has there been any change in:

- i) The health of any first degree relative?

If **yes** please give details.

Y | N


- ii) Your occupation or occupational status? (e.g. from employee to employer)

If **yes** please give details.

Y | N


- iii) Your financial circumstances, such as bankruptcy, redundancy, or the possibility of one of these events occurring?

If **yes** please give details.

Y | N


- iv) Your participation in organised sport or any hazardous activity? (e.g. motor or water sports, aviation, football, parachuting)

If **yes** please give details.

Y | N


e) **Has any application for insurance on your life been submitted to any other company since the date of your most recent application to this company?**  
 If **yes** please state type and amount of cover, and name of company.

Y | N

Type of cover	Amount	Name of company

f) **Has this cover been accepted?**

If **yes** please advise if accepted at standard rates, accepted at an increased rate of premium or with amended terms.

Y | N


If **no** please advise why the cover has not yet been accepted, including if deferred or declined.


❖ **Please read and sign this declaration.**

I declare that the statements made are true and complete and agree that they shall form part of the application and shall together with the application be the basis of the proposed contract. To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

I authorise Partners Life Limited, its related companies, reinsurers or its appointed financial advisers to use information contained herein and any other information (including but not limited to full medical history) obtained from any of the organisations listed in clause below to enable Partners Life Limited, its related companies, reinsurers or appointed financial advisers to manage the proposed offer of insurance or to enforce, maintain and to manage any resulting insurance contract.

I also consent and give authority to Partners Life Limited to seek from the following, including their officers and employees, any information (including full medical history) Partners Life Limited requires for the purposes of assessing this application or any claim arising from this application.

I consent for the following to disclose full information to Partners Life Limited for this purpose:

- Any and all health treatment providers; and
- Any and all medical information providers; and
- Insurers; and
- Accident Compensation Corporation; and
- Employers (whether current or not); and
- Government organisations and enterprises; and
- Accountants and other financial advisers; and
- Banks and financial institutions; and
- Any credit rating agencies.

I understand that if I fail to comply with the duty of disclosure to Partners Life Limited, Partners Life Limited have the right to enact the remedies available to it under the terms and conditions contained within the policy document.

Signature of life to be assured

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Date  /

Signature of policy owner(s)

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Date  /

Signature of policy owner(s)

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Date  /