



DECLARATION OF HEALTH

Insured Person Details:

Full Name ..... Date of Birth .....
Trading As &/or Name of Policy Holder ..... Height .....
Weight ..... Current Occupation .....

- 1. Have you visited a Doctor in the past 12 months? Yes / No
a) If yes, please answer all of the following questions, then sign & date the Declaration at the bottom of this form.
b) If no, please answer questions 3 & 4, then sign & date the Declaration at the bottom of this form:

2. For what illness or accident were you treated? &/or for what suspected medical condition(s) did you visit a doctor / get tested?

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3. What medication was prescribed? &/or do you presently take... ?

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4. What is the name and address of your Doctor?

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I hereby declare, subject to any contrary disclosure within this Declaration of Health, that the state of my health is excellent and does not interfere with my occupation.

I fully understand that any pre-existing condition(s) will not be covered under this policy.

Pursuant to the Privacy Act 1993, I hereby authorise the release of the above information for any treatment provider and additionally authorise any treatment provider to release any information in relation to my past or present condition to Wholesale Insurance Services, PO Box 10-027, WELLINGTON.

Signed ..... Dated .....