

DECLARATION OF HEALTH

WEEKLY ACCIDENT AND ILLNESS LUMPSUM ACCIDENT

NAME:

COMPANY:

ADDRESS:

DATE OF BIRTH:

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HEIGHT:

WEIGHT :

I am current actively at work.

CURRENT OCCUPATION (s) :

 Have you been to your doctor in the past 12 months? YES NO

If yes, please provide details:

	Reason	Date	Medicine	GP's Name and address
1.				
2.				

I hereby declare, subject to any contrary disclosure within this Proposal Form, 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 **Insurance Wholesale Limited, P.O. Box 99 481, Newmarket, Auckland 1149.**

Signed

Date:

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