Declaration of Insurability

Life Insured Given Name(s)		Date of Birth	D D M M Y Y Y Y
Life Insured Family Name		Quotation / Policy Number	

Full and Complete Disclosure
Every question we ask is relevant and important and must be answered. If this form is incomplete or does not address each question, it could result in delays.

Personal Data
All personal data collected in this form will be treated as strictly Private and Confidential in line with our Data Protection Policy. These policies can be viewed at www.unisuregroup.com

Your financial adviser or insurance broker is an Intermediary appointed by Unisure Limited to act on your behalf to assist you with any administration which may be required in the processing of your application. The Intermediary and its authorised employees will therefore have access to and knowledge of the personal data in this form.

Guardrisk Life International Limited and Unisure Limited may pass this personal data, and any medical information provided, to medical examiners and practitioners, underwriters, claims investigation companies, life insurance or reinsurance companies, data processors, and to any company or agency appointed for these purposes to allow for the proper administration of your application and your policy.

In some limited circumstances, Guardrisk Life International Limited and Unisure Limited may be legally required to share certain personal data, which might include yours, if we are involved in legal proceedings or complying with legal obligations, a court order, or the instructions of a government authority.

Since the date of your application or last declaration;

	Yes	No
1. Have you changed your country of residence, or do you intend to do so?	☐	☐
2. Have you changed your occupation, or your primary duties, or do you intend to do so?	☐	☐
3. Other than for vacations of less than 30 days, do you expect to travel outside your current country of residence for work in the future?	☐	☐
4. Have you made an application for life insurance to any other company or companies, or had any application for life insurance declined, postponed, or accepted on non-standard term?	☐	☐
5. Have you smoked, or used any form of tobacco or nicotine-based products in the last 12 months? If yes, using the space provided below, please state in which form, and how frequently.	☐	☐

TOBACCO/NICOTINE-BASED PRODUCTS INCLUDE: CIGARETTES, CIGARS, PIPE TOBACCO, SHISHA, CHEWING TOBACCO, NICOTINE PATCHES, NICOTINE GUM, AND ELECTRONIC CIGARETTES

6. Have you been advised to reduce or stop alcohol consumption on medical grounds; or have you participated in any therapy or programme to help reduce or stop alcohol consumption?	☐	☐
7. Have you used any non-prescription drugs? Examples include LSD, Ecstasy, Cocaine, Heroin, Cannabis or Anabolic Steroids.	☐	☐
8. Have you participated in any hazardous sport or pastime, or do you intend to do so? Examples include mountain climbing; motor sports; underwater diving; off-piste skiing; light aircraft or helicopter flying; skydiving or paragliding; white river canoeing and big game hunting.	☐	☐
9. Other than as a result of diet, exercise or pregnancy, has your weight changed by more than 5 kilograms?	☐	☐
10. Have you suffered any illness or accident, consulted any doctor, hospital or clinic; undergone any surgical procedure or medical tests; received any treatment or been prescribed any medication?	☐	☐
11. Have you experienced any new symptom or received any new diagnosis related to any condition asked about in your initial application?	☐	☐
12. Do you intend to seek any medical opinion or treatment but have not yet done so?	☐	☐

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Question Reference Number	If you answered "Yes" to any of the questions above, please provide as much additional information as you can remember in the space provided below; including **dates, diagnoses, duration, and the name and address of the attending physician or medical centre** you attended for each condition noted. **Please also advise whether you have completely recovered from any medical condition noted.**

If there is insufficient space, please continue on a separate sheet, ensuring that you sign and date any additional pages.

Declaration

I declare that the above information is true, complete and precise, and I agree that it shall form the basis of any contract of insurance which is effected on my life.

Other than any matters which have been declared and described above, I am currently in good health and ordinarily enjoy good health.

I authorise any doctor, physician, practitioner, hospital, clinic, insurance or reinsurance company, employer, other individual, organisation or government office that has any records or knowledge of me or my health to disclose such information to Guardrisk Life International Limited, or Unisure Limited. This authorisation shall irrevocably bind my successors and assignees and remain valid, notwithstanding my death or incapacity, and a copy of this authorisation shall be as effective and valid as the original.

Life Insured

Signature

Date D D M M Y Y Y Y

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM