Generali Life Assurance Philippines, Inc.
10th Floor, Petron Mega Plaza
358 Sen. Gil J. Puyat Ave., Makati City
1227 Philippines
T +632 888 0808
F +632 868 3388
www.generali.com.ph

HEALTH STATEMENT FORM FOR LIFE INSURED

GENERAL INFORMATION

Last Name	First Name					Middle Name
Address						
Contact Details: Home	Office	Cell Phone				Fax
Date of Birth (MM/DD/YYYY)	Place of Birth		Age	Sex	Height	Weight
Nationality	Citizenship	Occupation				
Source of Fund		SSS/GSIS/TIN				
Name of Employer		Place of Work				

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP

	Y	N	Details of "yes" answers (Use separate sheet if needed)
1. Any weight change (lost/ gained) of more than 5 lbs. during the last 5 months? If so, by how many pounds and why?	☐	☐	
2. Have you ever suffered from or sought medical treatment for:	☐	☐	
a. epilepsy, fainting or any disorder of mental or nervous system?	☐	☐	
b. asthma, bronchitis or any lung problem?	☐	☐	
c. chest pain, stroke or any heart disorder?	☐	☐	
d. indigestion, ulcer, chronic or recurrent diarrhea, or any other disorder of the digestive system?	☐	☐	
e. diabetes or any disorder of the kidney, liver or urinary system?	☐	☐	
f. rheumatic fever, arthritis, gout or any joint or bone disorder?	☐	☐	
g. cancer, tumor, enlarged gland or blood disorder?	☐	☐	
h. unexplained recurrent or persistent fever, weight loss or any skin disorder?	☐	☐	
i. any sexually-transmitted disease (such as syphilis or gonorrhea) or viral disease (e.g. hepatitis B or AIDS)?	☐	☐	
j. any other illness, injury, not mentioned above?	☐	☐	
3. Have you ever been diagnosed as suffering from hypertension?	☐	☐	
4. Have you ever been prescribed drugs for this condition?	☐	☐	
5. Have you ever been confined in nursing homes, sanitariums, hospitals for illness, surgical operations, or invasive procedures different from appendectomy, tonsillectomy, adenoidectomy, herniectomy, hemorrhoidectomy, cholecystectomy, child delivery, made within the last 5 years?	☐	☐	
6. Have you ever undergone laboratory test or other diagnostic examinations which revealed abnormal results?	☐	☐	
7. Any hospital confinement or surgical procedure being contemplated?	☐	☐	
8. Have you ever received treatment with any blood products or undergone blood transfusion?	☐	☐	
9. Any other disease or complaint not mentioned above?	☐	☐	
10. Except as prescribed by a physician, have you ever used shabu, cocaine, heroin, marijuana or other narcotics?	☐	☐	

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11. Do you smoke or have you ever smoked more than 10 cigarettes per day?	☐	☐	_____
12. Do you take or have you ever taken more than six units of alcohol per day (1 unit = ½ pint beer/ lager, 1 standard glass of wine, 1 pub measure of spirit)?	☐	☐	_____
13. Have you ever been advised by a physician to stop smoking or drinking alcohol or to drink in moderation?	☐	☐	_____
14. Are you currently taking medications, or are you under medical care of any kind?	☐	☐	_____
15. For females:			
Are you pregnant?	☐	☐	_____
Any complications with pregnancy?	☐	☐	_____
16. Do you have any other application for a reinstatement of life insurance pending? If yes, give details.	☐	☐	_____
With GLAPI P_____			
With other companies P_____			

I, the proposed life insured individual, declare under the penalty of perjury that to the best of my knowledge and belief the above answers and statements are true, complete and correctly recorded; and agree that, this application, if approved, with the answers given in any other declaration which may be required by Generali Life Assurance Philippines, Inc. (GLAPI) and which relates to the insurability of the proposed life insured individual or to change of this policy coverage, shall be the basis for delivery, change or reinstatement of insurance coverage.

By signing below, I agree that:

1. I understand that the GLAPI is a member of Generali Group and it may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities such as the U.S. Internal Revenue Service) as well as other legal obligations relating to information sharing and tax reporting from time to time ("regulatory and legal requirements").
2. All material facts, being facts which might influence the assessment of this Application, have been truthfully, completely and correctly disclosed in this Application and/or any other declaration which may be required by GLAPI, it being understood that my failure to make such disclosure renders the contract void.
3. I consent to the collection, processing, use and storage of information provided to GLAPI and I will provide the information they will request from time to time and allow them to share/report such information with their local and foreign authorities (including local and foreign tax authorities) to meet said regulatory and legal requirement. All medical information given will be uploaded to a medical information database accessible to all insurance companies for the purpose of enhancing risk assessment and preventing fraud.
4. I will notify GLAPI as soon as possible of any change in the information that I have provided to them, including any circumstances such as a change in my residence, address, telephone number and citizenship.
5. I hereby waive any rights I may have that would prevent GLAPI from meeting reporting requirement mentioned above.
6. GLAPI reserves the right to deny claims on the basis of gross fraud or valid grounds recognized under the laws and settled jurisprudence in case of death in any year.

SIGNED AT _____ ON _____

_____ SIGNATURE OVER PRINTED NAME OF WITNESS

_____ SIGNATURE OVER PRINTED NAME OF PROPOSED INSURED INDIVIDUAL

"DISCLOSURE: In accordance with the Insurance Commission's Circular Letter No. 2016-54 your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud.

Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph"