

Declaration of Continued Good Health

(N.B. for Joint Life Policies – each life assured must complete a separate form)

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|---|--|---|---|---|---|---|---|-----------------------------|
| Name (of Life Assured): | <input style="width: 100%;" type="text"/> | | | | | | | |
| Address: | <input style="width: 100%;" type="text"/> | | | | | | | |
| Date of Birth: | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | |
| | D | D | M | M | Y | Y | Y | |
| Policy number(s) if known: | <input style="width: 100%;" type="text"/> | | | | | | | |
| Name and address of your usual doctor: | <input style="width: 100%;" type="text"/> | | | | | | | |
| Please state the nature of your occupation: | <input style="width: 100%;" type="text"/> | | | | | | | |
| Please state your current height and weight: Height (without shoes) | Height | ft. | ins. | <input style="width: 100%;" type="text"/> | | | | cms. |
| Weight: (in indoor clothes) | Weight | st. | lbs. | <input style="width: 100%;" type="text"/> | | | | kgs. |
| If any of the following questions are answered "Yes", Please give full details in the space provided. | | | | | | | | |
| 1: | Are you suffering from any illness, impairment or disability, or taking any medication or drugs? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2: | Have you, since the date of your original application, consulted any doctor or been advised to have an operation, x-ray check-up or investigation at a hospital or elsewhere? If so please give details, dates and results of any tests together with the doctor's address, if different from the above. | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3: | Have you, since the date of original application, tested positive for HIV/AIDS or Hepatitis B or C or have you been treated / tested for any other disease which can be sexually transmitted or are you awaiting the result of such test? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4: | Since the date of your original application, have any of your parents, brothers or sisters died or suffered from heart or circulatory disease, cancer, diabetes, kidney disease, any hereditary disorder or any other serious illness before age 60? | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (Please ensure that you have obtained family member agreement to include this information prior to submission to Harcourt Life). | | | | | | | | |
| 5: | Since the date of your original application, has any proposal on your life been Declined, Deferred or accepted at Special Terms? If yes, give details of the name of the office, the date of the decision in each case. | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Note: The answers to the questions on this form will be considered by the Company in re-instatement of your policy. All answers must therefore be carefully considered. Material facts (i.e. those facts likely to influence the Company's assessment) must be disclosed, as not disclosing them may result in rejection of any claim. If there is any doubt as to whether a fact is material then it should be disclosed. | | | | | | | | |
| CONSENT & DECLARATION | | | | | | | | |
| I hereby declare that to the best of my knowledge and belief, the above statements are true and complete. | | | | | | | | |
| I hereby consent to Harcourt Life seeking and processing medical information at any time from any doctor who has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life. | | | | | | | | |
| I GIVE THIS CONSENT <input type="checkbox"/> | | I DO NOT GIVE THIS CONSENT* <input type="checkbox"/> | | | | | | |
| *If explicit consent is not given, Harcourt Life will be unable to process your claim. | | | | | | | | |
| Signed: | <input style="width: 100%; text-align: center;" type="text" value="X"/> | | | | | Date | <input style="width: 100%;" type="text"/> | |

PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website www.harcourtlife.ie or you can request a copy from our Customer Service Team.