



GROUP INSURANCE CONTRACT

Declaration of state of health

NAME - FIRST NAME	
ADDRESS	
DATE OF BIRTH (D - M - Y)	SEX <input type="checkbox"/> M <input type="checkbox"/> F
EMAIL	ORGANISATION

Questions posed by the insurers

- What is your weight and height?
Do you have a tendency to put on weight?
- Are you handicapped? (by birth, by sickness, accident)
If yes, indicate
 - nature of handicap?
 - since when?
- Have you ever been indemnified (pension, capital) for an incapacity?
If yes, indicate
 - military?
 - civil (professional accident or illness)?
 - by an insurance company?
(physical damage)
 Degree of invalidity?
(if over 20% please forward copy of the description of the infirmities having given rise to indemnification)
- Does your present state of health permit you to completely fulfil your professional activities?
- Have you ever stopped work for more than one month as a result of an accident or illness?
If yes, indicate
 - reason for incapacity;
 - duration of incapacity;
 - exact dates if the incapacity took place during the last twelve months.
- Have you had any illnesses?
If yes, indicate
 - which;
 - the dates;
 - any resulting incapacity for work;
 - treatments prescribed;
 - any consequences with regard to your state of health.
- Have you ever undergone (or are you to undergo) surgical operation of any kind?
If yes, indicate
 - nature of the operation;
 - date;
 - any consequences with regard to your state of health.

Reply of the person to be insured

WEIGHT (KG)	HEIGHT (CM)
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No
<input type="checkbox"/> YES	<input type="checkbox"/> No

Questions posed by the insurers

- 8. Do you have a family doctor?
If yes, indicate
 - do you consult him regularly?
 - for what reason?
- 9. Have you ever been hospitalised (hospital, clinic, sanatorium)?
If yes, indicate
 - reason;
 - duration;
 - final date of the hospital treatment if ceased less than one year ago.
- 10. What are the usual figures of your blood pressure?
- 11. Do you have a good eyesight?
Do you wear glasses?
If so, why?
- 12. Are your parents alive?
If yes, indicate their state of health.
If they are dead, indicate age and cause of death.
- 13. Have you ever been refused, deferred or accepted with additional premium or exclusion of guarantees, a proposal for insurance by an insurance company?
If yes, when?
Why (if you know)?
- 14. Have you ever been exempt from or had military service deferred?
If yes, indicate
 - when?
 - why?
- 15. Can you indicate any complementary information which may be of interest to the insurers' medical consultant?
If yes, give more information.

Reply of the person to be insured

<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	
<hr/>	
<hr/>	
MIN.	MAX.
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	
<hr/>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/>	

I certify that the statements made by me in answer to the above questions are true, complete and correct to the best of my knowledge and belief. I understand that nullity of the insurance or reduction of the insured capital sum might be applied in the event of claim if it were proved that the person to be insured had established a false declaration.

In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, the signatory hereby gives his/her specific and informed consent regarding the processing of the medical data concerning him/herself and/or the members of his/her family (article 7 of the Belgian law of December 8, 1992 concerning the private life).

SIGNED AT _____ ON _____
(Signature of the person to be insured, preceded by the handwritten words: 'Read and approved'.)
