

Loan Protection Insurance Health Declaration Notice



Health History Questions

Have you in the last 5 years had treatment for or been informed that you require advice or treatment for any of the following ailments, injuries or sickness?

- AIDS or AIDS related illness
- Alcoholism or Drug abuse
- Heart, Vein or Circulatory Disorder
- Kidney, Digestive or Lung Disease
- High Blood Pressure
- Backpain or any other disorder of the back, spine or neck
- Cancer, Melanoma, Tumour or Leukaemia
- Any mental, stress related or psychiatric illness
- Stroke, Epilepsy, Fainting spells or fits of any kind
- Any other chronic illness, disease or condition

Tick:

Yes No

IMPORTANT

If You have answered **Yes** to any of the above medical conditions, we will be unable to proceed with cover.

Insured Name: _____

Signature: _____

Date: _____