Ceylinco Life Insurance Limited, Ceylinco Life Tower, 106, Havelock Road, Colombo 5. Co. Reg. No. PB5183 Tel: (011) 2461461 E-mail: service@ceylife.lk Web: www.ceylincolife.com

DECLARATION OF GOOD HEALTH

Policy No.: | | | | | | | | |

Important: Please make full disclosure of your health, occupation, habits and pursuits. Non-disclosure or misrepresentation will render your policy NULL and VOID. If you are in doubt as to whether any facts would be material, it is in your interest to disclose them.

1. LIFE ASSURED

1.1 Full Name: _____

_____

1.2 Current Address: _____

_____

Country: _____ City: _____

Email address: _____ Telephone: _____

1.3 Date of Birth: _____

1.4 BMI: Height: _____ Weight: _____

1.5 Occupation/Job title/Business and its nature: _____

_____

Name of the Employer: _____

2. YOUR HEALTH CONDITON

Are you at present suffering from any of the following disorders/diseases or have you suffered from following disorders/diseases during the last 10 years?

		YES	NO
2.1	Diabetes		
2.2	High Blood Pressure (Hypertension)		
2.3	Elevated Cholesterol		
2.4	Any disease of the Cardio Vascular System Eg: Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD,VSD)		
2.5	Cyst, Nodule, Tumour, growth or any type of Cancer		
2.6	Disorders of the blood such as Anaemia, Leukaemia, Thalassaemia, etc.		
2.7	Any disease of the brain or nervous system Eg: Epilepsy or fits, Convulsion, Paralysis, Stroke, etc.		
2.8	Any disease of the lungs Eg: frequent Cough, Asthma, Bronchitis, spitting of blood, Tuberculosis, etc.		
2.9	Any disease of the Gastrointestinal or Digestive system Eg: Gastric ulcer, Chronic Indigestion/Diarrhoea/Abdominal pain, Piles Fistula, Rupture, Hernia or Liver disease, Jaundice, Hepatitis or Gallbladder disease, etc.		
2.10	Any disorder of the genito-urinary system – E.g. fibroids, ovarian cyst, endometriosis, heavy or irregular menstruation, prostate disorder, Kidney / Bladder stones, Kidney failure or any other urinary disease, etc.		

	YES	NO
2.11 Any disease of the eyes, ears, nose or throat - Eg: Cataract, Goitre, etc.		
2.12 Any disease / disorder of the Spine, Bones, Joints or Gout, Rheumatism / Rheumatic fever, Arthritis.		
2.13 Any sexually transmitted disease Eg: Gonorrhoea, Syphilis, AIDS or any Genital sore or discharge		
2.14 Chronic or Congenital skin conditions		
2.15 Any Mental impairments, disorder or Illness		
2.16 Any Congenital disorders, deformities or anomalies		
2.17 Any other disease not mentioned herein		

If 'yes' please give details of disease / disorder treated doctor's name and all past clinical & laboratory investigation reports.

3. OTHER INFORMATION

	YES	NO
3.1 Have you consulted a physician/surgeon for any reason including routine examinations or investigations and blood tests in the past 5 years?		
3.2 Do you consume liquor/drugs or smoke cigarettes? (If so, please state the frequency and quantity)		
3.3 Has any of your proposal for insurance ever been declined or postponed or been accepted with an extra premium?		
3.4 Do you or your relatives have or had any kind of threat on your/their lives or is there any criminal case against you?		

If 'yes' please give complete details below.

Declaration

I declare that the foregoing statements and answers given by me are true and accurate. I agree that these statements shall be the basis of the insurance policy between myself and Ceylinco Life Insurance limited. Ceylinco Life Insurance Limited shall not be liable for any claims on account of illness or injury, the cause of which was known prior to approval of my request for this assurance.

I authorise any representative or a medical officer of Ceylinco Life Insurance Limited to peruse or obtain the Bed Head ticket or any other clinical notes from any Government / Private Hospital, clinic, Nursing home, Asylum or sanatorium and authorise to obtain information from any other insurer.

Date: _____

_____
Signature of the Life Assured