中意人寿保险有限公司
GENERALI CHINA LIFE INSURANCE CO., LTD.

Individual Health Declaration for Group Insurance

Full name of proposed insured company: _____

Policy No.: _____

The Insured	Name: _____ Gender : _____ Date of Birth: _____(mm/dd/yy) Marital Status: _____ ID Type: ☐Resident ☐Army ☐Passport ☐Others ID No.☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Position: _____ When did you start working for the current employer: _____ Occupation: _____ Your major duty: _____ Height: _____cm Weight: _____ kg Your frequently visited hospital(s): _____

Health Declaration for individual		
	Please tick Y for positive answer, N for negative answer.	
	1. Has your application for insurance ever been declined, postponed or underwritten with additional terms?	☐Y ☐N
	2. Are you currently hospitalized or during a sick leave?	☐Y ☐N
	3. Have you been hospitalized for consecutive 5 days or above or have you asked sick leaves accumulatively for 15 days or above during the past year?	☐Y ☐N
	4. Have you ever suffered or are you now suffering any diseases, such as tumors, cancer, epilepsy, major head trauma, psychiatric or brain function disorder, dysfunction of nervous system, gout, heart disease, chest discomfort, raised blood pressure, stroke, diabetes, chronic kidney failure, chronic alcoholism, liver cirrhosis, nephrotectomy, asthma, lung tuberculosis; any diseases of stomach, liver, gallbladder, intestinal or digestive system; blood dyscrasia , AIDS or HIV infection?	☐Y ☐N
	5. Have you ever had any discomfort during the last 6 months, such as continuous fever, painful, giddiness, chest pain, cough, bloody stool, weight changes more than 5 Kg?	☐Y ☐N
	6. Have you ever had such examinations or tests as blood test during the last 6 months, such as ECGs, X-rays, CT, MRI, biopsy or any pathologic testing?	☐Y ☐N
	7. FEMALE ONLY**(Please notify if the insured person being female)**:	
	● Have you ever had any diseases on your uterus, breast, ovary or ovarian tubes in last 5 years?	☐Y ☐N
	● Are you now pregnant? If yes, for _____months and expected delivery date is _____.	☐Y ☐N
	8. Child ONLY **(Please notified by guardian if the insured person being under 15 years old)**	
	● Has the child ever had any congenital or hereditary diseases?	☐Y ☐N
	● Has the child ever had pneumonia, convulsion, poliomyelitis, diarrhea, hyperactive child syndrome, measles, epidemic cerebrospinal mengingitis, epidemic encephalitis, diphtheriatetanus, and whooping cough?	☐Y ☐N

If Yes for any above items, please give details in the following form and provide the related medical record information:

Health Details	Serial number	The date of onset	The latest date of consulting	The exams or treatments	Diagnoses result	Current status (fully recover, remission)

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Other Information	1. Do you smoke? If yes, how many cigarettes do you smoke: ____/day and last for how many years?__ _____years.	☐Y ☐N
	2. Do you drink alcohol? If yes, how many units of alcohol do you normally drink per day? (1 unit = ½ pint of beer, 1 standard glass of wine, 1 pub measure of spirits) _____unit/day; How many years have you drunk alcohol? _____ years	☐Y ☐N
	3. Have you ever been or are you being insured under any life insurance coverage? If yes, please specify the type and the sum assured of the insurance.	☐Y ☐N
	4. Have you ever taken or are you now taking any legally forbidden medicines or drugs?	☐Y ☐N
	5. Are you regularly engaged in hazardous sport or events?	☐Y ☐N
	6. Need you frequently visit any dangerous countries or areas where for instance natural disasters, epidemics, war, racial conflicts often take place or are taking place?	☐Y ☐N
	7. Have you ever caused a traffic accident when driving?	☐Y ☐N
	If Yes for any of the above questions, please give the detailed information： _____ _____	

Declaration and Authorization by the Insured Person

1. **I hereby declare that all the answers to the above questions and the related information are provided by me in person upon perusal. I have known that the Health Notification will be in effect upon my own signature.**
2. **I declare that the information I have given is completed and true to the best of my knowledge and that I have not made any concealment, omission or alteration to any significant circumstance or information about my present and past health status and lifestyle and habits concerning the above questions.**
3. **I am aware that the answers and the related materials are crucial for Generali China Life Insurance Limited Company (hereinafter referred to as the Company) to assess risks and underwrite the policy.**
4. **I herewith authorize any doctors, hospitals, clinics, insurance companies, the police office, or any private or public organizations to provide any relevant information, reports or documents concerning me to the Company at any time the Company requires,.**
5. **I consent that the Company has the right to apply my personal information for the purpose of insurance, reinsurance, data processing or statistics.**

Signature of the Insured: _____ Signature of the Guardian:_____(In case the insured is under 18 years old)

Signed at (place): _____Telephone Number: _____Date of Signature: _____

To be completed by the Company

Contact Person	Reviewed by	Underwritten by