HEALTH DECLARATION

Please check all details, then complete the relevant areas of the form and return it to:
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

Policy Details			
Details of the Life to be Insured			
Policy Number:		Date of Birth:	
Name:			
Address:			
Type of Cover:			
Name of Policy Owner:			
Policy Owner Contact Details			
Home		Office	
Mobile		Facsimile	
Email Address:			

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the Policy between BSP Life (Fiji) Limited "the Company" and life insured 'myself'.

Questions *Please complete all questions*

No.	Details	Please tick one
1	Are you currently in good health? If NO, please elaborate in "details" section on page 2 along with copies of investigations done by you.	☐ No ☐ Yes
2	Since the date of the signing of the proposal, have you undergone any of the following: a. Hospitalisation b. Operation / Surgery c. Pathological examinations like blood tests, x-rays, ECG, etc If YES, please elaborate in 'details' section on page 2 along with copies of investigations done by you	☐ No ☐ Yes
3	Have you consulted a doctor or specialist after the date of signing the form? If YES, please elaborate in "details" section on page 2 along with copies of investigations done by you.	☐ No ☐ Yes
4	Do you or have you ever had any of the following? a. High blood pressure or raised cholesterol/triglyceride b. Heart disease. c. Diabetes or sugar in the urine. d. Any respiratory or lung disorder, e.g., asthma, bronchitis, tuberculosis, etc. e. Disease or disorder of kidneys, bladder or reproductive organs. f. Any disorder of the digestive system, gall bladder or liver. g. Any nervous disorder or mental condition, depression or psychiatric disorder. h. Paralysis, multiple sclerosis, epilepsy or stroke. i. Cancer, tumour, enlarged glands or enlarged lymph nodes. j. Anaemia, bleeding or blood disorders. k. Disorder or disease of muscles, bones, joints, limbs, spine. l. Urine, kidney, bladder, reproductive organ or prostrate disorders. m. Thyroid problems including goitre, hyperthyroidism or thyroiditis. n. Deformity or disability. o. Counselling or treatment or testing in connection with AIDS/HIV/other STDs. p. Ear, eye, nose or throat disorder. q. Accident or injury	☐ No ☐ Yes
	▸ If YES, state full details of each instance:	

5	Are you currently; a. Taking any medication or prescription drugs not mentioned earlier? b. Suffering from any physical disability, deforming illness or injury that has kept you from working? If YES, please elaborate in "details" section on page 2 along with copies of investigations done by you.	☐ No	☐ Yes
6	Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? e.g., persistent fever, unexplained weight loss, loss of appetite, pain, swelling, etc. If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	☐ No	☐ Yes
7	Has any proposal or application for revival of Policy on your life made to the Company or any other life insurer ever been declined, postponed or accepted with an extra premium? If "YES", please provide details on page 2.	☐ No	☐ Yes
8	Since the date of signing of proposal, has there been any change in your occupation, financial position or annual income, vocation/hobbies?	☐ No	☐ Yes
For Female life insured ONLY			
9	Do you OR have you ever had any disorder of the female organs (breasts, ovaries, uterus), or any abnormality related to pregnancy or confinement, e.g., Caesarean section or miscarriage, high blood pressure, gestational diabetes, etc? If "YES", please elaborate in "details" section below, along with copies of all investigations done by you.	☐ No	☐ Yes
10	Are you pregnant now? If YES, how many months?	☐ No	☐ Yes
11	Have you ever had abnormal PAP smear test or abnormal mammogram?	☐ No	☐ Yes
Additional Information			
12	Any other information material for the evaluation of risk, kindly provide details-		
▸ If any of the above questions have been answered as "Yes", kindly provide details (Please mention question number while providing details).			

Since the date of my last proposal to BSP Life (Fiji) Limited, there has been no change in my health. I declare that the above answers are correct to the best of my knowledge and belief. I declare that the answers/declarations given above shall be the basis of the insurance contract between BSP Life Limited and myself. If the answers/declarations contained herein are untrue, the said insurance contract shall be treated as null and void.

Signature of Life to be Insured	Signature:	Date:
		Signed at:
Signature of Witness	Name in Full	Date:
	Signature:	Signed at: