



Life & Pensions

HEALTH DECLARATION FORM

NATIONAL INSURANCE CO. LTD
NIC Centre, 217 Royal Road, Curepipe, Republic of Mauritius
Tel: (230) 602 3000 – Fax: (230) 670 3384 – E-mail: customerservice@nicl.mu

(To be completed by the insured in his/her own handwriting)

Proposal/Policy No
Name of Insured
Date of Birth
Gender
Occupation

Medical Information

- 1. Are you in good health?
2. Have you suffered from any serious or prolonged illness or injury or is there any other matter that you consider likely to affect the risk of this insurance? If yes, please supply details.....
3. Have you ever been tested for or received any medical advice, counseling or treatment in connection with any sexually transmitted diseases, hepatitis B, AIDS or any AIDS OR ANY AIDS-related condition? If yes, please supply details.....



4. Have you been hospitalized within the past five years? If yes, please supply details.

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5. Are you currently taking any prescription medication? If yes, please state dosages and name of drug.

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Declaration

I, the life to be insured, declare that all the statements made in this declaration of health are true. I agree that such statements, together with those made, or to be made, to the medical officer and signed by me, shall be the basis of any assurance granted under the said scheme.

I hereby irrevocably authorize any doctor, hospital, medical institution or other person who may be in possession of, or hereafter acquire, any information concerning my health, including the results of any blood tests, to disclose such information to the company. I agree that this authority shall remain in force after my death as well as prior thereto.

Signature

Date