PRU LIFE U.K.

Health Statement Form

Head office: 9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Philippines
Office trunkline: (+632) 683-9000, (+632) 884-8484
Customer helpdesk: (+632) 887-LIFE (887-5433) within Metro Manila, 1-800-10-PRULINK (1-800-10-7785465) domestic toll-free
E-mail: contact.us@prulifeuk.com.ph; **Website:** www.prulifeuk.com.ph

For official use only

Date received	Time am/pm	Received by/Department

General information

Details of life insured

Last name	First name	Middle name	Policy number

Place of birth	Date of birth (mm/dd/yy)	Age last birthday	☐ Male ☐ Female

Nationality	For aliens, please specify Alien Certificate of Registration number:

TIN	SSS/GSIS No.	Other IDs - Details

Please indicate all other occupations if you are engaged in more than one occupation.

Occupation: Give exact duties (If member of AFP/PNP, state rank)	Sources of funds

Employer	Nature of business

Present address

Permanent address

Telephone number	Mobile phone number	E-mail address

Details of policy owner

Please complete this section only if you, as the policy owner, are not the same as the life insured.

Last name	First name	Middle name

Place of birth	Date of birth (mm/dd/yy)	Age last birthday	☐ Male ☐ Female

Nationality	For aliens, please specify Alien Certificate of Registration number:

TIN	SSS/GSIS No.	Other IDs - Details

Please indicate all other occupations if you are engaged in more than one occupation.

Occupation: Give exact duties (If member of AFP/PNP, state rank)	Sources of funds

Employer	Nature of business

Present address

Permanent address

Telephone number	Mobile phone number	E-mail address

Beneficiary details

Last name	First name	Middle name

Updating existing record?	☐ Yes	☐ No

Please fill out other information needed at the back of this page. →

Details

Application for	Payment	Last unpaid due date
☐ Removal/reduction in rating ☐ Increase in sum assured ☐ Addition of riders ☐ Change in plan ☐ Others ☐ Reinstatement Method: ☐ Updating ☐ Redating ☐ PruLink premium resumption	PhP/USD _____ ☐ Cash ☐ Check no: _____ Bank: _____ Date: _____ Receipt no: _____	Billing frequency Effective date Plan Sum assured Agent Branch

Statement of insurability

Please indicate relevant dates, reasons, diagnosis, treatment, and names and adresses of attending physician(s) and medical facilities.

Questions	Life insured	Policy owner	Details, if answer is yes
1. Are you in good health, free from all diseases, deformities and abnormalities? If no, give details.	☐ Yes ☐ No	☐ Yes ☐ No	
2. Since the issuance of the policy, have you : a. ever had any illness or a recurrent illness, injury, medication or disease? b. ever had consultation, hospitalization, or surgical operation due to any condition, or been prescribed for or attended by a physician or practitioner for any cause, or undergone any diagnostic test/s? Please indicate results. c. ever had an AIDS or HIV test? Please indicate results. d. ever flown in an aircraft other than as a passenger of a commercial airline? e. ever engaged in motorcycle or auto racing, sky, skin or scuba diving, or other hazardous activities? If yes, please submit questionnaire. f. ever changed your customary occupation, or country of residence? If yes, indicate details. g. ever had any application for life, accident or health insurance or reinstatement that was declined, postponed, rated or modified? h. any pending application(s) for new insurance or reinstatement with any insurance company? If yes, please provide details. i. experienced death among the immediate members of your family? If yes, please provide details.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
3. Has your weight changed more than 10 lbs. in the past year? If yes, please give details.	☐ Yes ☐ No	☐ Yes ☐ No	
4. Have you ever: a. used alcoholic beverages to excess or intoxication? b. smoked cigarettes or used tobacco in any form? c. used barbiturates, sedatives or tranquilizers and any morphine or narcotic drugs habitually?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
For female applicant 5. a. Are you pregnant? How many months? _____ b. Any abnormality in menstruation, pregnancy, of the breast or reproductive organs? c. Have you ever had or received any treatment, or intend to be treated or consult a physician for: i. any disease or disorder of the breast including breast lump, cyst, fibroadenoma, fibrocystic disease, nipple changes or discharge, mastitis, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ, cancer and growth? ii. any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, abnormal enlargement of the abdomen, fibroid, polyp, carcinoma in situ, cancer and growth? iii. Systemic Lupus Erythematosus, joint pain, facial skin rash, rheumatoid disease or arthritis?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	

Please fill out other information needed on the next page. →

If applicable

Pru Life UK is requested to reinstate the above–numbered policy. The life insured and the policy owner/payor, if other than the life insured, understand that the answers to the Statement of Insurability and the agreement enumerated below shall be the bases of the reinstatement of this policy.

Agreement

I/We agree that:

1) If there be any fraud, misrepresentation or falsity in the said statements or representation material to the risk of the Company, upon the discovery thereof within two (2) years from the date the reinstatement is officially approved at the Head Office, the Company shall have the right to declare such reinstatement null and void and of no effect except for the return of all premiums paid since the date of such reinstatement.
2) The issuance, amendment or reinstatement applied for shall not be considered as effected by reason of any payment made by me/us unless until this application is actually approved by the Company and an amendment or reinstatement advice is delivered both within my/our lifetime and while I/we am/are in good health.
3) The Company shall not be liable for any loss which occurs prior to compliance with the Company's requirements for this application and actual approval thereof.
4) This application shall be subject to the guidelines on Anti-Money Laundering Law and Financial Underwriting. I understand that PruLife UK has the right to deny, not issue or approve my application, transaction or policy, in the event of failure to complete verification of any relevant subject or to provide information on the purpose and intended nature of the application or transaction.
5) Article 1250 of the Civil Code shall not apply to any payment made or to be made by me/us under policy.
6) If the reinstatement does not take effect, any amount deposited will be refunded to the policy owner/ payor, if living, otherwise to the beneficiary/ies named in the policy.
7) No agent of the Company shall have authority to waive any of the foregoing conditions.

Declarations

Declaration of insurability

Please read carefully before signing this application and refer to your policy booklet for more information.

I certify that I have truly and accurately recorded, to the best of my knowledge and belief, all answers given to me.

Signature over printed name of AGENT as WITNESS

X

I/We declare that all statements I/we have made are true, complete and correctly recorded to the best of my/our knowledge and belief.

Executed at _____ this _____ day of _____ 20 _____ .

Signature over printed name of LIFE INSURED X	Signature over printed name of POLICY OWNER (If other than the LIFE INSURED)

Signature over printed name of IRREVOCABLE BENEFICIARY/IES

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Authorization to Furnish Medical Information

AUTHORIZATION TO FURNISH MEDICAL INFORMATION

(The form below should be completed and signed.)

The life insured and any payor/owner authorizes Pru Life Insurance Corporation of UK (Pru Life UK) to obtain medical information from hospitals, medical facilities and physicians. Pru Life UK is also authorized to convey relevant information contained in the application documents resulting from the contract implementation to the reinsurer and to other insurers as well as to receive from them or from third parties information on assuming the risk. A photocopy of this authorization shall be valid as the original.

Signature over printed name of LIFE INSURED X	Signature over printed name of POLICY OWNER (If other than the LIFE INSURED)
Signature over printed name of IRREVOCABLE BENEFICIARY/IES	Signature over printed name of AGENT as WITNESS

Please fill out information needed on this page.