



### ADDITIONAL HEALTH DECLARATION FORM DUE TO CORONAVIRUS (COVID-19)

New enrolment  
Application number: \_\_\_\_\_  
Modification  
Reinstatement  
Policy number: \_\_\_\_\_

Insured 1: \_\_\_\_\_

Insured 2: \_\_\_\_\_

	Insured 1		Insured 2		Dependants	
Have you been exposed, quarantined, in forced isolation or presented symptoms related to the coronavirus (Covid-19)?	Yes	No	Yes	No	Yes	No
If yes,						
• Start date						
• End date, if applicable						
• Details (circumstances, reason, symptoms and etc.)						
Have been you been tested for the diagnosis of coronavirus (Covid-19)?	Yes	No	Yes	No	Yes	No
If yes,						
• Date						
• Result						

I understand and acknowledge that this form is an integral part of the Health Declaration.

Signed in \_\_\_\_\_ (city) on \_\_\_\_\_ (month) \_\_\_\_ (day) 20\_\_\_\_(year)

\_\_\_\_\_  
Insured 1

\_\_\_\_\_  
Insured 2

\_\_\_\_\_  
Signature of Representative