

Supplementary Personal Statement

Declaration of continued good health

Details of Life to be Assured

Application/Policy number(s) if known																											
Title	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Dr ☐	Other																					
First name(s)																											
Surname																											
Date of birth	DD/MM/YYYY													Date of Application(s)	DD/MM/YYYY												

Please answer the following questions

Since the date of your Application have you had any of the following:

- | | | |
|---|---|-----------------------------|
| 1. Any symptoms of ill health, illness or injury? | Yes ☐ | No ☐ |
| 2. Consulted or received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical disability? | Yes ☐ | No ☐ |
| 3. Any intention to seek or awaiting any medical advice, treatment, test or surgery in the future? | Yes ☐ | No ☐ |
| 4. A change, or intention to change your occupation, duties performed, working hours, employment situation, or financial situation (including income)? | Yes ☐ | No ☐ |
| 5. A change in smoking status? | Yes ☐ | No ☐ |
| 6. A change, or intention to change your participation in any hazardous activity or pursuit or travel plans? | Yes ☐ | No ☐ |
| 7. Any of your immediate family members suffered from a serious illness or died? | Yes ☐ | No ☐ |
| 8. Made any claim; on any other trauma, critical illness or disability policy or through ACC? | Yes ☐ | No ☐ |
| 9. Required full/part-time care? | Yes ☐ | No ☐ |
| 10. Any insurance declined, withdrawn or modified in any way? | Yes ☐ | No ☐ |
| 11. I have reviewed my previous Application and declare that apart from the information included in this supplementary personal statement, there are no changes to any of the answers I provided in my original Application (which includes any accompanying forms or related documentation) that I previously submitted to Chubb Life. | I agree (please tick to confirm) ☐ | |
| 12. Give details of all yes answers and if medical in nature include date, names and addresses of any doctors consulted, details of treatment and outcome. Show question number when giving details: | | |

Question number:

Declaration

I, the life to be assured:

- i.** declare that the answers to the questions in this Supplementary Personal Statement are true and complete to the best of my knowledge;
- ii.** understand the information provided in this Supplementary Personal Statement, together with any other statements made in connection with this application for life insurance, will be used by Chubb Life to decide whether or not to provide life insurance cover to the policy owner in respect of my life;
- iii.** have reviewed my original Application and declare that, apart from the information included in this Supplementary Personal Statement, there are no changes to any of the answers provided in that Application (which includes any accompanying forms or related documentation) that was previously submitted to Chubb Life;
- iv.** re-affirm all declarations, consents and acknowledgments that I made on my original Application in relation to the information provided in this Supplementary Personal Statement, on my original Application and in relation to any other statements in connection with this application for life insurance.

Name of Life Assured

Signature

Date

DD / MM / YYYY

Your duty of disclosure continues until the contract of life insurance has been accepted by Chubb Life and confirmation is issued in writing.

Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are disclosed in full.