

GROUP DECLARATION OF HEALTH

Insured:

Certificate No.:

Inception Date:

Having made general enquiries, I can confirm that all persons covered under this group Insurance are fit and healthy (both mentally & physically), and have not visited a medical practitioner for anything other than routine check-ups or cold/flu symptoms in the last 12 months. I also declare that all persons covered have not been absent (and are not currently absent) for more than 14 consecutive days in the preceding 12 months.

For new members: Please provide details of all accidents or sickness, which occurred during the past 5 years, which would have given rise to claim for any new members to be insured.

Date	Name	Nature Of Injury Or Sickness	Period Of Disablement	Amount Paid (If Insured)

Please use separate sheet if necessary.

IMPORTANT NOTE

This declaration of health should be completed to the best of your knowledge and belief and all material facts should be disclosed. Failure to do so could invalidate this insurance and any claim. A material fact is one that is likely to influence our acceptance or assessment of this insurance. You should consult with your intermediary if you are in any doubt.

I declare that these statements are true and complete to the best of my knowledge and belief. I agree that a copy of this declaration of health will have the same validity as the original and that it shall form the basis of the contract of insurance between us.

Signed:

Date:

Full Name (In block capitals)

Position in Company:

PLEASE RETURN TO COMPASS VIA YOUR INTERMEDIARY

Compass Underwriting Ltd, 1-2 Crutched Friars, London. EC3N 2HT
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