

OLD MUTUAL HEALTH DECLARATION FORM

Mr ☐ Mrs ☐ Ms ☐ Other Initials

First name(s)

Surname

ID/Passport number Date of birth

Policy number

I, the undersigned, hereby declare:

1. That there has been no change in my state of health nor has any illness been suffered by me, or any of my dependents, from the date of my application and the signing of this statement.
2. Agree that my cover is subject to the rules of the product with special reference to the policy wording.
3. I acknowledge and understand the content of the above statement. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

Signature of policyholder

Date

SPECIFIC HEALTH QUESTIONS

The following questions relate to you, your beneficiaries and dependents covered under this policy.

1. Have you been admitted to hospital in the last 4 months? YES ☐ NO ☐
2. Are you expecting a hospital admission or are you aware of any conditions or illness that would require treatment in the next 12 months? YES ☐ NO ☐
3. Are you or any of your dependents currently pregnant? YES ☐ NO ☐
4. Have you taken chronic medication in the past 24 months, or are currently taking chronic medication? YES ☐ NO ☐

If you answered "YES" to any of the questions, please provide details below:

QUESTION NO.	APPLICANT/DEPENDANT NAME	CONDITION	MEDICATION	DIAGNOSIS DATE

IMPORTANT INFORMATION

- Please ensure that FULL details are given for any questions answered YES.
- Health declaration forms could be underwritten, and conditions may be excluded for longer than 10 months.

DECLARATION AND INFORMED CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4, OF 2013 (POPIA)

Your privacy is of the utmost importance to Us. We will take the necessary measures to ensure that all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed following the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored safely and securely.

You hereby agree to give honest, accurate, and up-to-date Personal Information and to maintain and update such information when necessary. You accept that your Personal Information collected by Us may be used for the following reasons:

1. to establish and verify Your identity in terms of the Applicable Laws;
2. to enable us to fulfil our obligations in terms of this Policy;
3. to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. to report to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share Your information for further processing with the following third parties, which third parties must keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of your payment instructions;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that We, following the Applicable Laws, are required to share Your Personal Information with;
4. Credit bureaux;
5. Our service providers, agents, and sub-contractors that We have contracted with to offer and provide products and services to any Policyholder in respect of this Policy; and
6. Persons to whom We cede Our rights or delegate Our authority in terms of this Policy.

You acknowledge that any personal information supplied to us in terms of this policy is provided according to the applicable laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information (such as name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent.

You understand that if we have utilised your personal information contrary to the applicable laws, you have the right to lodge a complaint with us within 10 (ten) days. Should we not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the information regulator.

Please forward the completed Health Declaration form to (include email address).

Policyholder's signature

Date

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Old Mutual Life Assurance Company (SA) Limited is a licensed FSP and Life Insurer.

This product is underwritten by GENRIC Insurance Company Limited (FSP 43638), an Authorised Financial Services Provider and Licensed non-life Insurer. This is not a medical scheme, and the cover is not the same as that of a medical scheme. This Policy is not a substitute for a medical scheme membership. Premiums are the subject of an annual review. Terms and Conditions apply.