

Health Statement Form

QUESTIONS	Insured		Owner <small>(Owner to answer if payor's clause is applied for)</small>		If "yes", please indicate details
	Yes	No	Yes	No	
5. Are you currently receiving any medical treatment or do you intend seeking or have been advised to seek medical treatment for any health problem or are you waiting for the results of any tests/investigations? If illness is not stated below, kindly specify the details. <ul style="list-style-type: none"> Chest pain, high blood pressure, heart attack, stroke, diabetes, any heart, blood disorders or vascular diseases Cancer, melanoma, tumour/lump/polyps/ growth of any kind. Gastrointestinal, genitourinary, respiratory, ears, eyes, epilepsy, neurological, psychiatric, kidney, liver, metabolic and endocrine disorders Joint, limb or bone conditions, auto immune diseases, infectious diseases Hepatitis B or C, HIV, tuberculosis, alcohol or drug dependency Unexplained weight loss Have you ever seen a Doctor or other health professional, or been prescribed medication for any other condition which has lasted for more than 5 days (apart from usual flu and colds).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any inherited conditions (e.g. Cancer, Heart Attack, Stroke, Huntington's disease, Polycystic Kidney Disease)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. For Female Applicant Only <ul style="list-style-type: none"> Are you currently pregnant? Please indicate if with pregnancy related complications. 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No. of Months: _____ Expected delivery date: _____ Complications: _____ _____

4. Declarations and Agreement

I agree that the approval of this application is based on the truth of the above statements.

I also agree that if any of the statements above is found to be untrue in any respect and the policy has not been in force during the insured's lifetime for at least two (2) years from the approval date of this application, AXA Philippines shall have the right to declare such request as null and void.

I also agree that any payment made or to be made by me in connection with the application shall be considered as deposit only and shall not bind AXA Philippines in any manner until the application is finally approved during my or the insured's lifetime and good health. I also understood that if this application is finally disapproved, AXA Philippines will refund any deposit without interest.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature of Insured **Signature of Policy Owner**

5. Certification of Customary Signature

IMPORTANT: If signature differs between AXA file and documents submitted, please complete this form.

CERTIFICATION OF CUSTOMARY SIGNATURE

This is to certify that I am the same person who signed in the policy contract. I hereby confirm that the declarations and information therein were given by me, and I certify that they are true and complete to the best of my knowledge. Finally, the signature appearing on all the forms and valid ID/s are my customary signatures and for which reason I have signed both with my customary signatures as follows:

1.

2.

3.

6. How do I track the status of my request

You will be updated through SMS &/or e-mail (if you choose e-notiXes) of additional requirements, if any. If you have any query on your request, you may get in touch with your AXA distributor or reach us by:

+632 8-5815-AXA

customer.service@axa.com.ph

chat via www.axa.com.ph

AXA is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.