

**Review of health exclusion application form**

Personal statement

This form is effective from 5 October 2015.

This form is to be used for the review of personal exclusions.

Name of person to be insured

Policy number

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Please provide details of exclusion(s) to be reviewed – as shown on your Policy Certificate

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When did you last suffer any symptoms of any condition/disorder mentioned above?

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I have checked the truth, accuracy and completeness of the information submitted with this application to review my exclusion(s) and accept that the information I have provided in support of this request shall, subject to law, form the basis of the contract of insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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