

... we're different because we care

Health Declaration

Underwritten by XL Insurance Company SE

Please answer all of the following questions in respect of yourself and all other persons to be covered by this policy. Please ensure that you only provide us with sensitive personal information, such as health information, about other people with their agreement. When you give us this information we will take this as confirmation that you have their consent to do so.

Name of Policyholder

Address

Postcode

Details of all persons to be covered by this policy:

Policyholder	<input type="text"/>	Date of Birth	<input type="text"/>
1st family member	<input type="text"/>	Date of Birth	<input type="text"/>
2nd family member	<input type="text"/>	Date of Birth	<input type="text"/>
3rd family member	<input type="text"/>	Date of Birth	<input type="text"/>
4th family member	<input type="text"/>	Date of Birth	<input type="text"/>

1) In the last 5 years have you been diagnosed with, had treatment, medication or symptoms related to:

a) Cancer b) Heart c) Stroke d) Diabetes

Policyholder	1st family member	2nd family member	3rd family member	4th family member
a) <input type="checkbox"/> Yes <input type="checkbox"/> No				
b) <input type="checkbox"/> Yes <input type="checkbox"/> No				
c) <input type="checkbox"/> Yes <input type="checkbox"/> No				
d) <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) During the last 5 years, have you had any treatment in hospital or stayed in a nursing home, consulted a doctor, medical practitioner or specialist, or suffered from an illness which keeps returning?

<input type="checkbox"/> Yes <input type="checkbox"/> No				
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3) Do you have any treatment, consultations, investigations, diagnostic tests or check-ups, planned, pending or awaiting results?

<input type="checkbox"/> Yes <input type="checkbox"/> No				
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4) Have you had any medical condition, or health problem, whether or not a doctor has been consulted during the last 5 years?

For example, gynaecological or menstrual problems, complications of pregnancy, signs or symptoms of varicose veins, back trouble, joint disorders, joint replacements, foot problems (eg bunions), indigestion or bowel problems, abdominal pain, skin problems, allergies, anxiety, depression or other psychiatric problems, trouble with heart, limbs, ears, eyes, urination etc.

<input type="checkbox"/> Yes <input type="checkbox"/> No				
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5) Are you currently on any medications (whether prescribed or not)?

<input type="checkbox"/> Yes <input type="checkbox"/> No				
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6) Do you have any further disclosures to make with regards to any medical investigation, consultation, advice, counselling, operation, medication or treatment that you have had in the last five years or have been advised to have or are currently having, but have not mentioned?

You must declare any condition you have had during your lifetime which may have an affect on your future health.

<input type="checkbox"/> Yes <input type="checkbox"/> No				
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If the answer to any of the above questions is YES, please give full details on the reverse of this form.

In addition, we reserve the right to review and consider any other relevant information we have such as previous declarations or claims submitted. I hereby declare to the best of my knowledge that the information provided is complete, true and accurate. I agree that this declaration will constitute part of my application and failure to disclose any material facts may result in the contract being void.

If you are in any doubt whether certain facts are material, these should be disclosed.

I have read the General Data Protection Regulation (GDPR) notice as contained in this Application Form and the Privacy Policy which is available at <https://www.alhealth.com/privacy.htm> as contained in the Application Form.

Signed:

Dated

Name:

(This form must be completed and signed by the Policyholder)

TERMS CANNOT BE CONFIRMED UNTIL THIS COMPLETED DECLARATION HAS BEEN RECEIVED AND ACCEPTED BY À LA CARTE HEALTHCARE LIMITED



Declaring illnesses

If you've answered **yes** to any of the questions above, you must give full details here. Please continue on a separate sheet if necessary.

Which question does this declaration relate to?

Full name

Date symptoms/illness first started (MM-YYYY)

Duration of illness (e.g two weeks) or is it still ongoing

Your present state of health in respect of this illness

Brief description of illness or name of condition/diagnosis (if known)

Details of treatment/medication received, current medication/ dosages, and details of any future consultations/treatment anticipated or planned

If you have been diagnosed with Diabetes, High Blood Pressure or High Cholesterol (whether controlled by medication or not) in addition to the above information please provide your latest readings/results

Which question does this declaration relate to?

Full name

Date symptoms/illness first started (MM-YYYY)

Duration of illness (e.g two weeks) or is it still ongoing

Your present state of health in respect of this illness

Brief description of illness or name of condition/diagnosis (if known)

Details of treatment/medication received, current medication/ dosages, and details of any future consultations/treatment anticipated or planned

If you have been diagnosed with Diabetes, High Blood Pressure or High Cholesterol (whether controlled by medication or not) in addition to the above information please provide your latest readings/results

Which question does this declaration relate to?

Full name

Date symptoms/illness first started (MM-YYYY)

Duration of illness (e.g two weeks) or is it still ongoing

Your present state of health in respect of this illness

Brief description of illness or name of condition/diagnosis (if known)

Details of treatment/medication received, current medication/ dosages, and details of any future consultations/treatment anticipated or planned

If you have been diagnosed with Diabetes, High Blood Pressure or High Cholesterol (whether controlled by medication or not) in addition to the above information please provide your latest readings/results

If there is insufficient space on this form please provide details on a separate sheet and attach it to this declaration.

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XL Insurance company SE is a European public limited liability company and is regulated by the Central Bank of Ireland.

Registered office: 8 St Stephen's Green, Dublin 2 DO2 VK30, Ireland. Registered in Ireland Number 641686.

Global Response Ltd. Registered office: 254 Upper Shoreham Road, Shoreham-By-Sea, West Sussex BN43 6BF. Registered in England and Wales. Registered number 05830667.

à la carte healthcare Ltd is authorised and regulated by the Financial Conduct Authority (FCA No 311496).

ALC Health (Hong Kong) Ltd is a wholly owned subsidiary of à la carte healthcare limited. Registered in Hong Kong No 2399505 and by the Insurance Agents Registration Board (No. 17975427).

Registered Office: Vistra (Hong Kong) Limited, Room 1901, 19/F, Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong.

à la carte healthcare Ltd is part of the IMG Group of Companies.