Proposal for Children's Future Insurability

FideLityLife

Policy	Date of birth/ /	
Addres	5	
FIRST o	hild's full name	Date of birth / /
MEDICA	L HISTORY - Please answer all of the questions - please tick Yes or No as appro	opriate
1.	Does the child have any physical or mental defect or infirmity?	Yes No
2.	Has the child ever had high blood pressure, heart trouble, chest pain, asthma, cancer, diabetes, mental or nervous disorder, epilepsy, kidney disease, liver, stomach or bowel disorder?	Yes No
3.	Is the child currently receiving or has he/she received any medical advice or treatment?	Yes No
4.	Is there any history of inherited disease, heart disease, stroke, blood pressure, diabetes, kidney disease or cancer before age 65 in the child's family?	Yes No
	 Has any family member suffered from diabetes, epilepsy, Huntington's chorea, insanity or committed suicide? 	Yes No
	b) Died before the age of 60?	Yes No

If you have answered 'Yes' to any of the above questions, please give complete details, the name and full address of doctors consulted and dates of treatment. (If more space is needed please attach a separate sheet and sign it).

Is the child now in good health?			Yes No	
Child's height	cm	Weight	kgs	
Name of child's doctor				

For an **additional child**, please complete the child's details overleaf. If there are more than two children, please use an additional form.

In all cases, please ensure the Declaration overleaf is completed.

SECOND child's full name	Date of birth	/	/	
		1	1	-

MEDICAL HISTORY - Please answer all of the questions - please tick Yes or No as appropriate...

1.	Doe	s the child have any physical or mental defect or infirmity?	Yes	No
2.	cand	the child ever had high blood pressure, heart trouble, chest pain, asthma, cer, diabetes, mental or nervous disorder, epilepsy, kidney disease, liver, nach or bowel disorder?	Yes	No
3.		e child currently receiving or has he/she received any medical advice or tment?	Yes	No
4.		ere any history of inherited disease, heart disease, stroke, blood pressure, vetes, kidney disease or cancer before age 65 in the child's family?	Yes	No
	a)	Has any family member suffered from diabetes, epilepsy, Huntington's chorea, insanity or committed suicide?	Yes	No
	b)	Died before the age of 60?	Yes	No

If you have answered 'Yes' to any of the above questions, please give complete details, the name and full address of doctors consulted and dates of treatment. (If more space is needed please attach a separate sheet and sign it).

Is the child now in good health?			Yes	No
is the child now in good health:			1	
Child's height	cm	Weight	kgs	
_				

DECLARATION OF PARENT OR GUARDIAN

I declare that the above statements are true and that I have not withheld any information material to this proposal and I agree that such statements together with any made or to be made to the medical examiner and signed by me shall be the basis of the proposed guarantee. I agree also that any medical practitioner who has at any time attended the child or may attend in the future and any insurance company to which I have at any time made a proposal for life assurance on the child may be approached by the company and I hereby request that such medical practitioner or insurance company to give information as to the state of the child's health.

Signature of parent/guardian
of child/children

Date / /

Please do hesitate to contact your representative if you have any queries or require further assistance.

NOTE: All information must be shown on this proposal. Failure to do so may result in the company not paying a claim or guaranteeing future insurability on the grounds of non-disclosure.