

DECLARATION OF CONTINUED GOOD HEALTH FORM

This document shall be utilized to confirm the current state of health of a life assured when reinstating a policy and should be completed by the life assured. Fields marked '*' are **MANDATORY**.

1. DETAILS OF LIFE ASSURED*

Life Assured Name*: _____

Policy Number*: _____ Commencement Date*: _____

ID/Passport Number*: _____ KRA PIN Number*: _____

E-mail Address*: _____ Mobile Number*: _____

Residential Address*: _____ Town/City*: _____

2. CURRENT HEALTH STATUS DECLARATION*

I declare that since this(ese) policy(ies) commenced:

- 2.1. There has been no change in my health.
- 2.2. I have not changed my occupation.
- 2.3. I have not consulted any doctor nor received medical treatment for any reason.
- 2.4. Not including this application, no application for insurance on my life has been declined, deferred nor accepted with a higher than normal premium or issued with restrictions or exclusions.
- 2.5. My family history has not changed.
- 2.6. I have not engaged in any hazardous activities, nor do I plan to engage in any hazardous activities.
- 2.7. I have no intention of living outside Kenya.
- 2.8. There are no changes in my circumstances, lifestyle or activities not otherwise disclosed.

If you answered "No" to any of the declarations above, please supply full details below:

3. LIFE ASSURED DECLARATION*

I understand that under the provisions of the Insurance Act, I have a duty when making this application for reinstatement of my policy(ies) stated above to disclose to Britam every matter that I know or could reasonably be expected to know which is relevant to Britam's decision whether to accept the reinstatement of the risk of insurance and, if so, on what terms, or to decline. I agree that this Declaration will be made a part of the contract(s) relating to the above mentioned policies. I confirm that this form has not been filled on my behalf and that the information I have supplied is true and correct to the best of my knowledge.

Signature*: _____ Date*: _____

3.1. Witnessed By:

Full Name: _____ ID/Passport: _____

Signature: _____ Date: _____