# DECLARATION OF GOOD HEALTH AND INSURABILITY

Policy number: _____

I _____ declare that, from
Full name of the insured
the date of my original application for my Olé life insurance policy:

**Medical information:**

**1.** I have been diagnosed, received treatment, had any medical attention recommended, have presented symptoms of a physical or mental disorder. **YES** ◯ **NO** ◯

If you answered YES to the previous question, please indicate the diagnosis, clinical or surgical treatment and its results, dates, current condition, name, address and telephone number of the doctors and hospitals where you were treated.

| Date (mm/dd/yy) | Diagnosis | Treatment | Actual condition | Doctor's name and phone number |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Non-medical information:**

**2.** I have changed my occupation or have another additional occupation. **YES** ◯ **NO** ◯

**3.** I participate in dangerous activities or sports. **YES** ◯ **NO** ◯

**4.** I have plans in the next 12 months to travel to countries where official sources have issued travel alerts. **YES** ◯ **NO** ◯

**5.** I have changed my country of residence or plan to do so. **YES** ◯ **NO** ◯

If you answered **YES** to any of the non-medical information questions, explain your new occupation, activities or sports you participate in, and your plans to travel or reside abroad.

_____

_____

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Finally, I confirm that all responses to the questionnaire in my original application are complete and true. **YES** ◯ **NO** ◯

If you answer **NO**, please provide details. _____

_____

I declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any information that may influence the evaluation or acceptance of insurance coverage.

I accept that this supplementary questionnaire will form part of my statements to Olé and that failure to disclose any material fact known to me may invalidate the contract.

_____ Date: dd /mm / aa

Signature of the Insured

_____ Date: dd /mm / aa

Name and signature of the Policy Owner
(if different from the insured)