Integrated Healthcare Management

Allianz Life Insurance Malaysia Berhad (104248-X)

Allianz

Personal Health Declaration Form

1. Details of Life Assured

Employer's Name: IHM Virtual Pharmacy Sdn. Bhd.

Employee's Name:

Plan: Occupation: Date of Birth:

NRIC/Passport No.: Gender: Marital Status:

Height: Weight:

2. Statement by Life Assured

1	Do you have any physical defect or health impairment?	☐ Yes	☐ No
2	Have you ever sought consultation /been told to have/have been treated for the following in the past 5 years?	☐ Yes	☐ No
	a. Diagnostic test	☐ Yes	☐ No
	b. Asthma, chest pain, high blood pressure, heart/blood vessel disease, diabetes, goiter, lung disease, cancer/tumor or any growth, AIDS, AIDS related complex, fit or any nervous disorder.	☐ Yes	☐ No
	c. Illness, injury, medical advice not mentioned above.	☐ Yes	☐ No
3	Have you ever had, or have been advised to have, any surgical operation or being hospitalized in the past 5 years?	☐ Yes	☐ No
4	Have any of your application for insurance been declined, postponed, rated up or modified within the last 3 years?	☐ Yes	☐ No
5	Are you pregnant? (for female)	☐ Yes	☐ No
6	Has either of your parents, brother/sister suffered from heart disease, stroke, hypertension, kidney disease, diabetes, cancer, paralysis, epilepsy?	☐ Yes	☐ No
7	Are you a smoker?	☐ Yes	☐ No

If any answer to questions 1 to 7 is "YES", please provide diagnosis, dates, results of treatment, name/address of physician below, stating the question number. (Please use separate piece of paper if space is insufficient).

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3. Life Assured Declaration

I hereby authorize any physician, hospital, clinic, other insurance or organization, institution or person that has any record or knowledge of me or my health, to disclose to ALLIANZ LIFE INSURANCE MALAYSIA BERHAD (ALIM) or its representative any and all information about me with reference to my health and medical history and any hospitalization, advise treatment, disease or ailment and a photocopy of this authorization shall be effective and valid as the original.

I hereby warrant that the answers stated above are true and that I have not withheld any information which might influence the acceptance of this proposal for insurance cover, and that the warranty hereby given shall be the basis of the contract with the Company.

I hereby confirm that all the foregoing statements and answers in this application together with those in any required medical examination, questionnaires or amendments are full, complete and true, and I understand that ALIM believing them to be such, will rely and act on them. If there is any non-disclosure, misrepresentation, misstatement, inaccuracy or omission, the Policy issued hereunder may be void (Section149 (4) Insurance Act 1996).

Signed at ___________________________________ this __________ day of __________ month ___________ year.

____
Employee's Signature
Name:
NRIC No:

____
Witness's Signature
Name:
NRIC No:

Notices :

1. **ALIM reserves the right to request for further health details evidence if deemed necessary.**
2. **The form must be completed by the employee. Please ensure that it is completed before submitting to ALIM to avoid any delay in processing.**

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