



MAA GENERAL ASSURANCE PHILS., INC.
10F Pearl Bank Centre, 146 Valero St., Salcedo Village, Makati City

MAAGAP-AF-UW-018

Health Questionnaire

Important - Prior to completing this questionnaire, please note that failure to disclose material information (i.e. information that would influence the acceptance of the risk and/or terms applied) could invalidate the Insurance. If you in any doubt at to whether any information is material, it should be disclosed. If you require more space, please use a separate piece of paper and attach.

Information on the Person to be Insured:

1. Full Name _____
2. Occupation (Title) _____ Duties _____
3. Date of Birth ___/___/___ Height _____ Weight _____
4. Have you or any family member has: **YES NO**
 - a) Any physical or mental defect or infirmity?
 - b) Defective sight or hearing?
 - c) Suffered from any recurring, intermittent, acute or chronic disease(s) condition or disorder?
5. In the past 5 years, have you sought medical advice or treatment for any injury or condition (other than minor ailments)?
6. Has any insurer in connection with Accident, Sickness, Medical or Life Insurance in respect of you :
 - a) Deferred or declined a proposal, refused renewal or terminated your application for Insurance?
 - b) Required an increased premium or imposed special condition?

Where an answer to any questions 4 to 6 are YES, please give full information as follows:

Questions No.	Dates and Details

I hereby declare that to the best of my knowledge and belief that the above statements and particulars are true and complete.

Applicant's Signature: _____

Date