

MAJOR MEDICAL INSURANCE RENEWAL APPLICATION

**PLEASE
ANSWER
ALL
QUESTIONS**

**BROKER
INFORMATION**

Insured Person		Policy No.
Date of Birth DD/MM/YYYY	Height	Current Weight
Address		

Broker/Agent/Consultant

Contact name and telephone no.

Are the statements and particulars contained in the original Application Form, signed by you, still true on the date you signed this Renewal Application?	yes	no, explain in detail:
Are you currently free of injury and/or illness, and actively employed?	yes	no, explain in detail:
Have you had medical or surgical advice, or treatment for any ailment, since the application date shown above?	no	yes, explain in detail:
Have your travel habits changed since the original application was signed?	no	yes, explain in detail:
Do you engage in any recreational activities, (such as sky-diving, operating an aircraft, glider or balloon, scuba-diving, automobile, motorcycle or boat racing) which are not indicated in your original application?	no	yes, explain in detail:

I agree that, in respect of the Period of Insurance in question, this Renewal Application, together with the original Application Form referred to in Paragraph 1, shall be the basis of renewal coverage.

Signature of Insured Person

Date