

Morgan Price (Europe) ApS Health Declaration Certificate

1. I, _____ date of birth _____, hereby declare to the best of my knowledge, that the following information is complete, true and accurate. I confirm that I am signing on behalf of all the members on my insurance policy, _____

I understand that claims may be rejected if at the point of claim it is revealed that I/We did not complete the information correctly or if a medical condition has manifested itself since the renewal date of my old policy.

This declaration is deemed to be part of the contract with Morgan Price (Europe) ApS.

2. I certify that since: _____ neither I nor any of my dependants insured currently suffer or have suffered from a condition such as, but not limited:

- Any form of Cancer
- Organ failure
- Any form of organ/tissue transplant
- HIV or other syndromes related to the immune system
- Syndromes in relation to the haemopoietic (blood forming) system
- Coagulation (bleeding) disorders
- Multiple Sclerosis
- Cystic fibrosis
- Insulin dependant Diabetes
- Chronic hepatitis
- Growth Hormone deficiency
- Infertility

OR:

- **Any other material condition which could give rise to a claim under this policy.** A material condition is one, which requires a visit to the doctor, consultation, tests or investigations, medical treatment of any kind or the taking of any medication whether prescribed or not, a period of hospitalisation, recurrent or continuous medical attention.

If you have any doubt whether a condition is material you should disclose it.

3. If any of these conditions or circumstances apply to you or your dependants, please attach medical details as that might be subject to medical underwriting and we may re-impose the moratorium on your policy.
4. If you are unsure about your or your dependants' condition, please contact us.

Signed by Policyholder on behalf of all members _____

Date _____