

Supplementary Personal Statement

Declaration of continued good health

Cigna Life Insurance New Zealand Limited

Private Bag 92131, Victoria Street West, Auckland 1142

Phone: 0508 464 999 (toll free) Fax: 0508 464 777 (toll free) Email: insurancenz@cigna.com

Details of Life to be Assured				
Application/Policy number(s) if known Title	Mr () Mrs () Ms ()	Miss Dr Othe	r	
First name(s)				
Surname				
Date of birth	DD/MM/YYYY	Date of Application(s	DD/MM/YYYY	
-	Application have you had any of the	following:	Yes 🔿 No 🔿	
1. Any symptoms of ill h				
 Consulted or received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical disability? 			Yes 🔿 No 🔿	
3. Any intention to seek any medical advice, treatment, test or surgery in the future?			Yes 🔿 No 🔾	
	n to change your occupation, duties (n, or financial situation (including inco		Yes 🔿 No 🔿	
5. A change in smoking	status?		Yes 🔿 No 🔿	

- 6. A change, or intention to change your participation in any hazardous activity or pursuit or travel plans?
- 7. Any insurance declined, withdrawn or modified in any way?
- 8. I have reviewed my previous Application and declare that apart from the information included in this supplementary personal statement, there are no changes to any of the answers I provided in my original Application (which includes any accompanying forms or related documentation) that I previously submitted to Cigna.
- **9.** Give details of all **yes** answers and if medical in nature include date, names and addresses of any doctors consulted, details of treatment and outcome. Show question number when giving details:

Question number:

Yes 🔿 No 🔿

Yes \bigcirc No \bigcirc

Declaration				
 I, the life to be assured: i. declare that the answers to the questions in this Supplementary Personal Statement are true and complete to the best of my knowledge; ii. understand the information provided in this Supplementary Personal Statement, together with any other statements made in connection with this application for life insurance, will be used by Cigna to decide whether or not to provide life insurance cover to the policy owner in respect of my life; iii. have reviewed my original Application and declare that, apart from the information included in this Supplementary Personal Statement, there are no changes to any of the answers provided in that Application (which includes any accompanying forms or related documentation) that was previously submitted to Cigna; iv. re-affirm all declarations, consents and acknowledgments that I made on my original Application in relation to the information provided in this Supplementary Personal Statement, on my original Application and in relation to any other statements in connection with this application for life insurance. 				
Name of Life Assured				
Signature	X	Date	DD/MM/YYYY	

Your duty of disclosure continues until the contract of life insurance has been accepted by Cigna and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are disclosed in full.