

UPDATE OF MEDICAL DECLARATION

Policy Number: _____

Policyholder Name: _____

Insured Person: _____

Please be advised that since the previous medical declaration which was signed and dated on _____ , there has been no change in my health, other than noted below:

Please complete the information in Questions 1 and 2. A signature is required at the bottom of this form.

1. Please list any doctor visit, treatment, test or medicine taken (whether prescribed or not) since the time of your last medical declaration we have on file, please include dates.

2. Please provide full details:

- are you currently under treatment or observation for any medical condition; or
- have you been advised to have any diagnostic test or medical procedure which has not been completed; or
- have you incurred any medical expenses which have not been fully disclosed to **Pacific Cross Vietnam**; or
- have you had any medical symptom or discomfort not been checked by a doctor or disclosed to a doctor.

(Please attach a separate sheet if necessary)

I/We hereby declare that, to the best of my knowledge and belief, all answers to the foregoing questions are correctly and accurately recorded, and that they are full, complete and true. I/We further declare that person covered by this request is in good health except as declared herein.

Signature of Insured: _____ Date (day/month/year): _____

Name of Insured: _____ (In BLOCK LETTERS, printed)