**Health declaration to the insured**

**Basic information:**

English name: Chinese name:

Date of birth: Nationality: Sex:

Passport number: School name:

**Please fill in the following information before insuring：**

1. Have you ever been treated for or suffering tumor, epilepsia, cerebral concussion, psychosis, heart disease,hypertension,angiosclerosis,apoplexy,diabetes,uremia,chronical alcoholism, cirrhosis, hepatitis, nephrectomy, uremia caused by nephropathy and nephritis, venereal disease, asthma, tuberculosis, eye or ear disease, digestive system disease(stomach, liver, gallbladder, intestines, etc.),blood disease, Aids, nerve system disease, thyroid disease and any other disorder or disability of nerve and musculoskeletal system?

Yes□ No□ The specific name of disease:

2. History of drug abuse?

Yes□ No□

3. Physical disability or organ resection?

Yes□ No□ specification:

4. Anamnesis, communicable disease, congenital or hereditary disease, abnormality?

Yes□ No□ specification:

**Interpretation**:

**Anamnesis**: it refers to diseases or symptoms the insured already have before the insurance contract comes to the effective date.

**Congenital disease**: it refers to diseases (symptoms or signs) which the insured suffered when he/she was born. These disease is caused by the harmful changes of hereditary substances(including chromosomes and genes in it);or it is caused by some physical, chemical and biological factors in internal and external environment during mothers’ pregnancy period, this leads to abnormal development of somatic cells in fetus, so some organs and system appear abnormal in form and function.

**Hereditary disease**: it refers to the disease which is caused by the mutation (or distortion) of generative cell or hereditary substance (chromosome and gene) in germ cell.

**Communicable disease**: it refers to a kind of disease which is caused by several pathogens and can be transmitted within humans and animals even between humans and animals.

**Declaration of insurer:**

1. Filling √ in the pane of this declaration is regarded as “yes” replies from the insured.

2. I have already carefully read, understood the above-mentioned contents and agreed to comply with it. If the contract is formed and I intentionally or due to gross negligence fail to fulfill the duty of faithfully informing in the preceding clause which is enough to affect your company to decide whether to undertake the insurance or to raise the insurance rates, your company has the rights to terminate the contract or cancel my qualification as insured. If I intentionally fail to fulfill the duty of informing, for those insurance risks which happened before terminating the contract or cancel the qualification of insured, your company will not be responsible for paying the insurance payment or refunding the insurance premium. If I fail to fulfill the duty of faithfully informing due to gross negligence and this action has serious effects on the occurrence of insured risks. for those insurance risks which happened before terminating the contract or cancel the qualification of insured, your company will not be responsible for paying the insurance payment but should refund the insurance premium.

All the informed items are subject to my written form, oral impartation is invalid.

All rights reserved

Signature of insured or guardian:

Date: