

投保人健康状况声明

健康状况声明(Medical Declaration)

(以英文原件为准, 此件仅供参考 **June 15, 2009** 生效)

如有问题, 请与自己家庭医生咨询

此声明将决定申请人是否符合投保条件. 适用于下述情况:

1. 年龄在 70 至 85 岁的申请人选择“稳定的慢性病症”保险, 如能准确回答下列问题都为“NO”时, 并使用 Table 2 的费率计收保费, 投保人的“稳定的慢性病症”在保险范围内. 或(Age 70 to 85 – If “You” answer “No” to all the questions, “You” are eligible to purchase the “Stable Chronic Condition” Option. Use Table 2 Rates. If “You” answer “Yes” to any of the questions, “You” are not eligible to purchase the “Stable Chronic Condition” Option. Use Table 1 Rates. Claims arising from “Stable Chronic Conditions” will not be paid.
2. 年龄在 86 岁以上时, 须回答下列问题, 如确认所有答案为“NO”时, 方能购买本项保险. 但投保人的“稳定的慢性病症”不在保险范围内.(Age 86 or older – If “You” answer “No” to all the questions, “You” are eligible to purchase this insurance. Claims arising from “Stable Chronic Conditions” will not be paid.)

申请人姓名 1: (Name of Applicants) 出生日期: (Date of Birth)

申请人姓名 2: (Name of Applicants) 出生日期: (Date of Birth)

联系电话: (Phone number(s) for contact purposes:

健康声明: (Medical Declaration: 70 岁以下不需要填写)

1. 投保人在过去的 24 个月期间, 是否曾有如下情况发生: (Within the past 24 months have you had any of the following :)

- a) 心脏病或心力衰竭 (a heart attack or Congestive Heart Failure);
- b) 器官及骨髓移植 (Organ or Bone Marrow Transplant),
- c) 心脏半膜疾病 (Heart Valve Disorder),
- d) 肺病但不包括哮喘 (Lung Condition (excluding Asthma),

2. . 在过去的 12 个月期间, 投保人是否曾经被诊断出有, 或进过医院, 或因有中风, 轻度中风或瞬间脑供血不足而用药? (Within the past 12 months have you been diagnosed with, been hospitalized for, taken or been prescribed medication

for stroke, mini-stroke, or Transient Ischemic Attack (TIA))?

3. 在过去的 12 个月期间, 投保人是否曾经有以下病例而用药: (Within the past 12 months have you taken or been prescribed any of the following :)

a) 服用速尿药(lasix)或利尿磺胺(furosemide), 由于任何原因需要家庭输氧(home oxygen),

b) 因肺的问题而服用“强的松”(包括哮喘), 或(lung problems to take Prednisone(including asthma), or

c) 糖尿病和心脏问题而服药, 不包括仅用于治疗高血压的药物(medications for both diabetes and a heart condition (medication prescribed solely for high blood pressure does not count as a heart medication)?

4. 在过去的 6 个月期间, 投保人是否曾经因气短, 胸痛或心绞痛看过医生 或用药? (Within the past 6 months have you consulted a doctor or used any prescribed medication for any shortness of breath, chest pain or angina)?

申请人/担保人 签字: 日期: (Applicant/Sponsor Signature: Date:)

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