



Lifestyle Supplementary Questionnaire (Q12)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Questions

1. Do you belong to one of the following AIDS high-risk groups established by the health authorities?

- (a) Homosexual Yes No
- (b) Bisexual Yes No
- (c) Heterosexuals with multiple partners Yes No
- (d) Intravenous drug abusers Yes No
- (e) Haemophiliacs Yes No
- (f) Sexual partners of the preceding group(s) Yes No

If 'Yes', please indicate which preceding group(s) _____

2. Have you ever been tested, received medical advice, counselling or treatment in connection with AIDS or an AIDS related condition, and/or sexually transmitted disease?

- Yes No

If 'Yes', please provide details:

Type of Investigation / Test	Date	Results*	
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

* For abnormal results, please provide details: _____

Declaration

I/We agree to inform Aviva Ltd if there is any change in my/our lifestyle/activities and/or health status between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)