

## Health Declaration Form (H1)

Name and surname of the insured person

Personal identity number

Date of birth

Citizenship(s) of

☐ Latvia ☐ Other (country)

Sex

☐ Male ☐ Female

Occupation / position

Phone number

Email

Name and surname (or company name) of the policyholder

**In connection with your insurance, please provide answers to the following questions for risk assessment purposes.**

**If you confirm any of the questions in this declaration, please fill in Health questionnaire A2. If only accident insurance is chosen and you answered "yes" to any question, please specify it in the section "Additional information" and do not fill in the Health questionnaire A2.**

**Please read the questions carefully, because in case of false or incomplete information related to the insured event, the insurer has the right to reduce or not to pay the insurance indemnity. Please note that the insurer may ask to submit additional information necessary for the assessment of the insurance risk.**

### Please answer questions:

No 1–7, if term life, critical illness or accident insurance is chosen;

No 1–7 and No 9, if total and permanent disability insurance is chosen;

No 8, if cancer insurance is chosen.

1. Have you been incapacitated (unable to work / study) for 4 weeks or more in the last 12 months?

☐ Yes  
☐ No

2. Are you presently having or have you had in the last 5 years any of the following:

- diseases or complaints such as hypertension, heart and blood vessel diseases, stroke, diabetes, oncological, psychiatric or other illnesses (except the common cold), injuries, broken bones, which would have affected your health;
- have been examined, consulted, treated or operated on for the disease in a medical institution;
- you are currently undergoing treatment, have been recommended, prescribed or undergoing diagnostic tests (including regular/yearly check-ups for disease, infection or tumour), are due to undergo surgery or have been recommended treatment for an existing medical condition;
- taking or have been prescribed to take medicines (such as for lowering blood pressure, treating heart, liver, thyroid, diabetes, oncology, mental illness)?

☐ Yes  
☐ No

3. Does your work involve hazard to health or life (e.g., work with explosives, radioactive or toxic substances; work in a gas or oil industry, special forces, security service, aviation; you have been issued a service weapon; you work at a height of more than 15 m; you work with construction equipment, moving machinery; you are a sailor, diver, firefighter)?

☐ Yes  
☐ No

4. Are you engaged in extreme sports (e.g., flying vehicles, auto-motor sports, combat sports, BMX/HD and similar bicycles, rollerblading on ramps, diving to depths of more than 40 metres, sailing, mountaineering, caving, hang gliding and motorised/non-motorised flying, kitesurfing, parachuting, bungee jumping, cross-country skiing, skiing and snowboarding off-piste or in the use of paragliding/helicopters, equestrian sports, etc.).

☐ Yes, in my free time  
☐ Yes, professionally  
☐ No

5. Are you engaged in any type of sport professionally: are you preparing for/participating in national or international competitions organised by a federation or union in the sport concerned, playing sport as an individual or as part of a team that receives sponsorship or remuneration for its activities?

☐ Yes  
☐ No

6. Has any disability or reduced level of working capacity been determined to you?

☐ Yes  
☐ No

7. What is your height and weight?

Height, cm

Weight, kg

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8. Have you been diagnosed with:
- any type of malignancy, benign tumour, leukaemia, lymphoma;
  - bleeding, painful, discoloured or sized moles or skin lesions;
  - tissue lesions that have been recommended by a specialist to be monitored and tested periodically (annually, semi-annually, or more frequently), including lesions detected as part of publicly-funded preventive programmes for the early diagnosis of cancer;
  - a suspected tumour for which tests have already been ordered or are underway;
  - positive for HIV, AIDS;
  - polyposis of the colon, inflammatory bowel disease (Crohn's disease or ulcerative colitis), polycystic kidney disease, asbestosis, nodular goiter;
  - any form of hepatitis (except hepatitis A) or cirrhosis of the liver?

☐ Yes  
☐ No

9. Is sum insured for total and permanent disability higher than four (4) times your current annual gross salary?

☐ Yes  
☐ No

Additional information (provide, if you have additional comments)

### I agree that:

- With my signature I confirm the information provided in this application is true and complete and certify that I am informed that ERGO Life Insurance SE, on whose behalf the Latvian branch of ERGO Life Insurance SE acts in Latvia (hereinafter - the Insurer) will process personal data in accordance with the Privacy Policy which is available on the website [www.ergo.lv](http://www.ergo.lv), in the Privacy Policy section, as well as I have get acquainted with the mentioned policy.
- I agree that the Insurer will process my health data, including the Insurer may check, evaluate, request and receive my health data from medical personnel, medical institutions and other institutions and persons, to get acquainted with my health data, medical documentation, to transfer my health data to the reinsurer in order to perform a risk assessment, to check the information necessary for the fulfilment of the insurance contract obligations and to fulfil the insurance and reinsurance contract obligations.

☐ Agree

\* I am informed that in case of disagreement with the mentioned processing of personal data, the Insurer may not be able to provide the chosen insurance service.

Date

Name and surname of the insured person

Signature