eMedic Plus: Declaration and Authorization

For Proposed Insured below 16 years old:

Health Declaration Questions		My Answer
1.	Does your child suffer from any of the following diseases? • Congenital diseases or birth defects or, • Asthma, bronchitis, recurrent wheezing or other forms of chronic breathing difficulties or, • Epilepsy, seizures or, • Jaundice (lasting longer than a week) or any form of hepatitis or, • Anaemia or blood disorders or, • Diabetes	No
2.	Has any of your application for insurance coverage including renewal or reinstatement for your child ever been declined, postponed, rated up or accepted on special terms by any insurance company?	No
3.	In the past 2 years, has your child ever been • prescribed medications or received treatment (other than common flu or cold) lasting longer than 5 days or • admitted to hospital for longer than 5 days?	No
4.	Was your child born prematurely (<37 weeks gestation) or with a low birth weight of <2.5kgs? (only applicable to proposed insured 2 years old and below)	No

For Proposed Insured who is a Malaysian and between 16 years old and 39 years old:

Occupational Question		My Answer
1.	Does your occupation involve in heavy manual work with heavy machinery? Heavy machinery work refers to any of the following: • Work as an armed personnel or bodyguards, fire fighters, prison worker, electrician or pipe fitting; • Work in shipping, forestry or fisheries; • Work in building and construction; • Work in oil and gas rigs or plants or power plants; • Drive heavy or construction vehicles; • Work in the diving industry; • Work in farms or foundries; • Work in mine; • Work in an environment dealing with animals	No
Health Declaration Questions		**My Answer**
1.	Do you suffer or ever had or been diagnosed with or had any indication of: cancer, tumor or cyst, diabetes, heart disease or disorders of the blood vessels and circulation (diseases that affecting the blood vessel system, arteries, veins, capillaries and blood cells, platelets, plasma and its constituents), diseases diagnosed since childhood or disorders of the bone, joint or muscles?	No
2.	Has any of your application for insurance coverage including renewal or reinstatement ever been declined, postponed, rated up or accepted on special terms by any insurance company?	No
3.	In the past 2 years, have you consulted or do you intend to consult a medical practitioner or specialist for investigations, medical referrals, surgical operation or treatment on any medical conditions (other than common flu or cold)?	No

For Proposed Insured who is a non-Malaysian and between 16 years old and 39 years old:

Occupational Question		My Answer
1.	Would you describe your job to be in the following category: • Management (without manual work involved) • Executive (without manual work involved) • Professional • Student/ Child • Housewife/ Homemaker • Domestic maid • Office worker (with manual work involved)	Yes

Health Declaration Questions		My Answer
1.	Do you suffer or ever had or been diagnosed with or had any indication of: cancer, tumor or cyst, diabetes, heart disease or disorders of the blood vessels and circulation (diseases that affecting the blood vessel system, arteries, veins, capillaries and blood cells, platelets, plasma and its constituents), diseases diagnosed since childhood or disorders of the bone, joint or muscles?	No
2.	Has any of your application for insurance coverage including renewal or reinstatement ever been declined, postponed, rated up or accepted on special terms by any insurance company?	No
3.	In the past 2 years, have you consulted or do you intend to consult a medical practitioner or specialist for investigations, medical referrals, surgical operation or treatment on any medical conditions (other than common flu or cold)?	No

For Proposed Insured who is a Malaysian whose age is between 40 years old and 59 years old:

Occupational Question		My Answer
1.	Does your occupation involve in heavy manual work with heavy machinery? Heavy machinery work refers to any of the following: • Work as an armed personnel or bodyguards, fire fighters, prison worker, electrician or pipe fitting; • Work in shipping, forestry or fisheries; • Work in building and construction; • Work in oil and gas rigs or plants or power plants; • Drive heavy or construction vehicles; • Work in the diving industry; • Work in farms or foundries; • Work in mine; • Work in an environment dealing with animals	No
Health Declaration Questions		**My Answer**
1.	Do you suffer or ever had or been diagnosed with or had any indication of: cancer, tumor or cyst, diabetes, heart disease or disorders of the blood vessels and circulation (diseases that affecting the blood vessel system, arteries, veins, capillaries and blood cells, platelets, plasma and its constituents), diseases diagnosed since childhood or disorders of the bone, joint or muscles?	No
2.	Do you suffer or ever had or been diagnosed with or had any indication of: heart attack, chest pain; high blood pressure; stroke; hepatitis; any disorder of the lung, liver, kidney, digestive system; any mental or nervous disorder; alcoholism; drug abuse; any disease, injury to or impairment of the limbs, spine, eyes, ears, nose, throat, mouth, skin, any physical defects or deformities; AIDS or AIDS related complications?	No
3.	In the past 2 years have you suffered from any signs, symptoms or discomfort or had abnormal health screening test for which you have not sought medical advice?	No
4.	Has any of your application for insurance coverage including renewal or reinstatement ever been declined, postponed, rated up or accepted on special terms by any insurance company?	No
5.	In the past 2 years, have you consulted or do you intend to consult a medical practitioner or specialist for investigations, medical referrals, surgical operation or treatment on any medical conditions (other than common flu or cold)?	No

For Proposed Insured who is a non-Malaysian whose age is between 40 years old and 59 years old:

Occupational Question		My Answer
1.	Would you describe your job to be in the following category: • Management (without manual work involved) • Executive (without manual work involved) • Professional • Student/ Child • Housewife/ Homemaker • Domestic maid • Office worker (with manual work involved)	Yes
Health Declaration Questions		**My Answer**

1.	Do you suffer or ever had or been diagnosed with or had any indication of: cancer, tumor or cyst, diabetes, heart disease or disorders of the blood vessels and circulation (diseases that affecting the blood vessel system, arteries, veins, capillaries and blood cells, platelets, plasma and its constituents), diseases diagnosed since childhood or disorders of the bone, joint or muscles?	No
2.	Do you suffer or ever had or been diagnosed with or had any indication of : heart attack, chest pain; high blood pressure; stroke; hepatitis; any disorder of the lung, liver, kidney, digestive system; any mental or nervous disorder; alcoholism; drug abuse; any disease, injury to or impairment of the limbs, spine, eyes, ears, nose, throat, mouth, skin, any physical defects or deformities; AIDS or AIDS related complications?	No
3.	In the past 2 years have you suffered from any signs, symptoms or discomfort or had abnormal health screening test for which you have not sought medical advice?	No
4.	Has any of your application for insurance coverage including renewal or reinstatement ever been declined, postponed, rated up or accepted on special terms by any insurance company?	No
5.	In the past 2 years, have you consulted or do you intend to consult a medical practitioner or specialist for investigations, medical referrals, surgical operation or treatment on any medical conditions (other than common flu or cold)?	No

For all Proposed Insured:

1. I hereby declare that all the foregoing statements and answer in this application together with any questionnaire(s) submitted in connection with this application are complete, accurate and true and I have taken reasonable care not to make a misrepresentation in answering the questions and in making the disclosure. The Company may void the policy (if issued) depending on the type of misrepresentation as set out in the Financial Services Act 2013.
2. I hereby consent and authorize the Company and its representative(s) to seek any record, or information about me/my child, my/my child's health and medical history and any hospitalization, advice, treatment, disease or ailment from any physician, hospital, clinic, insurance company, organization or institution. In addition, I hereby consent and authorize the Company and its representative(s) to give and release all such details to any party it deems appropriate. A photocopy of this consent/authorization shall be as effective and valid as the original.
3. I am fully aware that the personal information recorded in this enrolment form and/or questionnaire(s) is/are for the purpose of making an application for life insurance. I hereby expressly authorize the Company to disclose the personal information recorded in this enrolment form and other relevant documents, if requested by Life Insurance Association of Malaysia (LIAM), reinsurers, regulators (foreign and local), any government authorities or to persons or bodies authorized by law. I further acknowledge and consent that the information provided by me may be processed in or outside Malaysia by a service provider authorized by the Company for performing the obligations as contained in the policy contract when issued.
4. I have read and fully understand the product features, risks, limitations (including waiting period, if any), benefits, insurance charges, fees, free look period, product suitability, premium affordability and I have taken note of the duties of the policy owner under the policy contract.
5. I understand that the insurance herein applied for shall only take effect upon the Company's receipt of the insurance premium and protection shall only be provided effective from the date the policy contract is issued by the Company. I further understand that I will receive the policy contract via email within three (3) working days from the date it is issued.
6. I understand the Company will debit the premium(s) from the Credit Card/Debit Card/Bank Account provided during the application and there will be no official receipts issued. I will retain the Credit Card/Debit Card/Bank Account statement as proof of payment.
7. For proof of age, I understand that a copy of my/my child's NRIC, birth certificate or international passport is required to be submitted when claiming for any benefits under this policy.
8. I understand that the Company and the AXA Group have a longstanding policy of cooperating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities. In case where I am not a tax resident of the jurisdiction in which this policy, contract or product is issued (a "Cross-Border Transaction"), the Company and/or the AXA Group may, in accordance with applicable laws and regulations, disclose to my home country tax, regulatory bodies and/or other government authorities my identity and certain information concerning the policy, contract or product that is the subject of this application and I hereby consent and agree to make such disclosure.
9. I understand the importance of ensuring accurate, complete and up-to-date information and shall take full responsibility to timely correct update and keep the Company informed of any change to my information.
10. I am satisfied that this plan will best serve my needs and that the premium payable for the insurance coverage is an amount I can afford.
11. I am entitled to fifteen (15) days free-look period from the date the policy documentation is transmitted to me.
12. This product is underwritten by AXA AFFIN Life Insurance Berhad 200601003992 (723739-W), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.