

1. Applicant's full name:

2. Policy number:

3. Date of the signature on the application or renewal date:

I, as the policyholder or applicant of the policy, declare and certify that from the date of the original application, the most recent policy reinstatement application or the latest renewal, **one or all** of the insured members under this policy has (have):

1	Received a medical diagnosis (including pregnancy)	Yes	No
2	Received treatment or been recommended to have medical treatment	Yes	No
3	Presented symptoms of any physical or mental condition other than the medical history declared in the application of this policy	Yes	No

In the space below, I explain the affirmative answers to the above questions:

AFFIRMATIVE ANSWER 1

1. Patient's full name:

2. Diagnosis:

3. Medical or surgical treatment:

PHYSICIAN'S AND/OR HOSPITAL'S INFORMATION

4. Full name:

5. Email:

6. Phone number:

AFFIRMATIVE ANSWER 2

1. Patient's full name:

2. Diagnosis:

3. Medical or surgical treatment:

PHYSICIAN'S AND/OR HOSPITAL'S INFORMATION

4. Full name:

5. Email:

6. Phone number:

AFFIRMATIVE ANSWER 3

1. Patient's full name:

2. Diagnosis:

3. Medical or surgical treatment:

PHYSICIAN'S AND/OR HOSPITAL'S INFORMATION

4. Full name:

5. Email:

6. Phone number:

I understand that this "Statement of Good Health" and any other document submitted along with the application will be the basis to determine the conditions to approve or decline the requested coverage. There won't be any effective coverage before the application is approved by VIP Universal Medical Insurance Group (VUMI).

1. Applicant's signature:

2. Date: