

## Health Declaration:

I hereby declare that the information given by me is correct to the best of my knowledge. I am at present in good health and entirely free from any mental or physical impairments, injuries, disabilities or deformities. I further declare that I am not suffering from any medical condition(s) for which medical advice, diagnosis or treatment has been sought or received or was known or reasonably should have known to me to exist prior to this date, whether or not medical advice, diagnosis or treatment was sought or received.

\*\*I do hereby authorize any Physician, nurse or hospital employee to disclose to EFU Life any and all information regarding my medical history. I have reviewed and understood product details shared online & no changes will be accepted once the application is submitted.

