



Declaration of (un)changed health status Life and disability insurances

With this declaration of (un)changed health status, you can extend the validity period of the previously issued health declaration to six months. In that way, you can move back the starting date of the insurance to a later date. You can use this statement for all our insurances in which a health declaration is required. The declaration must be signed by all insured parties on a policy.

Submitting the declaration

Send this declaration within five days before the latest commencement date of the insurance, completed and signed, to info@taf.nl, indicating the policy number.

Explanation: the latest commencement date of the insurance is on the 1st of the month, no later than three months after the signing of the health declaration. For example, if the health declaration is signed on 12 September, then the latest effective date is December 1. Would you like to move the effective date to March 1?

If so, please submit the declaration of (un)changed status health between 26 and 30 November.



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Declaration of (un)changed health status

Life and disability insurances

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Details

Policy number: _____

Insured person 1:

The date on which the first insured has filled in the health declaration for the application:

Please note: this is not the date on which you are filling in this form. _____

Insured 2 (if applicable):

The date on which the second insured has filled in the health declaration for the application:

Has the health of the insured person 1 changed since the above-mentioned date or has the insured person consulted a GP or other doctor?

No Yes

Additional information explanations about what has changed in your health status:

Has the health of the insured person 2 changed since the above-mentioned date or has the insured person consulted a GP or other doctor?

No Yes

Additional information explanations about what has changed in your health status:

Please indicate what the effective date should now be: _____

Note: Has your health status changed and has the insurance not yet been accepted? Please be sure to always inform us of this fact.

Signature

Date: _____ Date: _____

Town/city: _____ Town/city: _____

Signature insured person 1: _____ Signature insured person 2 (if applicable): _____