

**NOTICE: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142), YOU ARE TO DISCLOSE IN THE APPLICATION, FULLY AND FAITHFULLY, ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.**

# 1 POLICY INFORMATION

Policy Number .....

Name of Owner ..... NRIC/Passport No. ....

Name of Life Insured ..... NRIC/Passport No. ....

# 2 HEALTH TARGET REQUIREMENTS

<b>1. Build</b>	Build Table (refer to Table A)
<b>2. Blood Pressure</b> (Treated and Untreated)	Up to age 50 : up to 140/85 Above 50 : up to 145/90
<b>3. Total Cholesterol</b>	Up to age 50 : up to 250 mg/dl (6.5 mmol/l) Above 50 : up to 270 mg/dl (7.0 mmol/l) Total cholesterol up to 300mg/dl (7.8 mmol/l) is acceptable if Total Cholesterol/HDL ratio is less than the published limit.
<b>4. Total Cholesterol/HDL Ratio</b>	Up to age 50 : up to 5.0 Above 50 : up to 5.5 Total cholesterol up to 300mg/dl (7.8 mmol/l) is acceptable if Total Cholesterol/HDL ratio is less than the published limit.

**Table A. Build Requirements**

**Life Insured from Asian countries**

Imperial Measurements												
Height	4'8"	4'9"	4'10"	4'11"	5'	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"
Weight (lbs)	144	146	148	150	152	154	158	161	165	169	174	178
Height	5'8"	5'9"	5'10"	5'11"	6'	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	
Weight (lbs)	185	189	194	198	202	209	213	220	224	231	238	

Metric Measurements												
Height (cm)	142	145	147	150	152	155	158	160	163	165	168	170
Weight (kg)	65	66	67	68	69	70	72	73	75	77	79	81
Height (cm)	173	175	178	181	183	186	188	191	193	196	198	
Weight (kg)	84	86	88	90	92	95	97	100	102	105	108	

**Life Insured from other regions**

Imperial Measurements												
Height	4'8"	4'9"	4'10"	4'11"	5'	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"
Weight (lbs)	142	147	152	154	158	160	166	172	176	182	187	193
Height	5'8"	5'9"	5'10"	5'11"	6'	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	
Weight (lbs)	198	204	209	215	221	227	233	239	245	251	258	

Metric Measurements												
Height (cm)	142	145	147	150	152	155	158	160	163	165	168	170
Weight (kg)	64.5	67	69	70	72	73	75	78	80	83	85	88
Height (cm)	173	175	178	181	183	186	188	191	193	196	198	
Weight (kg)	90	93	95	98	100	103	106	108	111	114	117	

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### 3 EXAMINER'S REPORT / SELF-DECLARATION

This section is to be completed by the Medical examiner or you could do a self-declaration and submit the relevant reports.

For self-declaration, please provide a copy of health screening report or lab test result. The medical reports must be within the validity period of 1 year from the date of submission to Manulife.

1. Build	Height:	Weight:
2. Blood Pressure		
3. Total Cholesterol	mg/dl	mmol/l
4. Total Cholesterol/HDL Ratio		

I hereby certify that I have personally examined the Life Insured and have correctly and fully enclosed my findings.

Signature of Examiner

Date of examination and blood tests .....

Address and Clinic Stamp .....

Name of Examiner .....

Date .....

- ✓ Please use block letters
- ✓ Please attach a copy of test result

### 4 DECLARATION AND AUTHORISATION

1. I/We declare that no material facts, that is facts likely to influence the assessment of the declaration have been withheld and to the best of my/our knowledge and belief the information given here is true and complete, and this declaration shall form part of the contract of insurance.
2. I/We agree to inform Manulife if there is any change in the state of health of the Life Insured between the date of this declaration/medical examination and the confirmation of acceptance of Health Advantage Benefit by Manulife. On receiving the information of any change, Manulife is entitled to accept or reject my/our application for Health Advantage Benefit.
3. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by Manulife Statement of Personal Data Protection which is made available on our website at [www.manulife.com.sg](http://www.manulife.com.sg), as may be amended from time to time.
4. I/We agree on my/our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Form, Manulife is authorised to collect, retain, use and/or disclose as it reasonably deems fit, any information in respect of me/us/ any insured person, that is received by Manulife to its Representatives and relevant third parties, companies within the Manulife Financial Group, reinsurers, medical organisations, my/our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, Manulife will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

Signature of Life Insured

Signature of Owner/Joint Owner

Date .....

Date .....

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website ([www.manulife.com.sg](http://www.manulife.com.sg))

#### Completed?

You may submit the completed and signed form with all relevant documents to us through:

✉ Mail –8 Cross Street #15-01, Manulife Tower, Singapore 048424