

TO AVOID DELAYS IN PROCESSING THIS DOCUMENT PLEASE WRITE CLEARLY AND IN ENGLISH USING BLOCK CAPITALS

EMPLOYER: _____

NAME OF EMPLOYEE: _____

Date of Birth: _____ **Nationality:** _____
(dd/mm/yy)

- | | | | | |
|----|--|-----------------------------|------------------------------|--|
| 1. | Is the Employee healthy and able to work? If No, please supply full details | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 2. | Has the Employee been off work due to illness or accident for more than 5 continuous working days in the last 12 months? If Yes, please supply full details including dates, time off work etc. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 3. | Has the Employee undergone an expatriation medical and were the results disclosed to you? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 4. | If the answer to 3 was "Yes", did the results give you any concerns in terms of the expatriation and/or did the Doctor highlight any risk issues or health concerns to you? If Yes, please supply full details | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 5. | To the best of your knowledge has the employee been accepted on special terms for any life or sickness insurance sponsored by the Employer? If Yes, please supply full details | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

FURTHER INFORMATION

How will this document be used?

Nordben Life and Pension Insurance Co. Limited will use this document and other details (for example, reports from a Doctor, your occupation, residence) to decide whether and on what terms to offer insurance. For these purposes this document will be disclosed to relevant Nordben staff and to the Company's Consultant Medical Officer and to third party life reinsurers and their retrocessionnaires. It might also be necessary to obtain additional details from the doctors and insurance companies, referred to in this document, for the purpose of reaching the insurance decision. By signing the 'Declaration' below you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file as it forms part of the insurance contract and will be disposed of in accordance with the terms of the contract. It will be reviewed should you make a claim under the insurance to ensure that you have not withheld information that would have been relevant to our insurance decision.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website www.nordben.com/data-protection.

Important note

Material facts are facts which Nordben Life and Pension Insurance Co. Limited would regard as likely to influence the decision whether or not to accept the application for insurance. Failure to disclose any material fact may result in the insurance being ineffective, even if insurance was accepted by Nordben Life and Pension Insurance Co. Limited. You should disclose any fact if you are unsure whether or not it is material to the proposed insurance.

Declaration

We declare to the best of our knowledge and belief that the statements in this document are true and complete and that we have not withheld any material facts (see important note above). We confirm that we have checked and found correct any statements in this document that are not in our own handwriting.

Date _____ Name _____

Status of Signatory _____ Signature _____