

Health Declaration Form for Person to be Insured

This form is valid only for filling out before the issuance date of insurance and is attached as an integral part of the Application Form

THE INSURED INFORMATION(ご加入者情報)	REQUIRED(ご記入必須欄)	Nationality(国籍)	IDENTIFY BY ☐ ID ☐ Passport		DATE OF BIRTH (生年月日)	DATE / MONTH / YEAR			
		JAPAN	NO.						
		NAME(お名前)			GENDER (性別)	☐ Male(男性) ☐ Female(女性)	HEIGHT (身長)	cm	
		FAMILY NAME(姓)		FIRST NAME(名)					
					MARITAL STATUS (婚姻状況)	☐ Single(未婚) ☐ Married(既婚)	WEIGHT (体重)	kg	
		EMAIL (メール)							
		COMPANY'S NAME(会社名)							
		URGENT CONTACT IN JAPAN (日本の緊急連絡先)		NAME			RELATIONSHIP		
				TEL			CELL PHONE		

The statement of the insured(被保険者告知書)	● The Statement of Insured Health(被保険者告知)										
	1. When you contracted health care insurance, personal accident insurance and/ or life insurance, have you had health screening with abnormal results?(以前、医療・傷害・生命保険の契約書に加入お断り・加入日延期・条件付加入等の措置を取られた事がありますか。) ☐ Yes ☐ No										
	2. Are you currently undergoing in-hospital or under any medical treatment?(現在、入院中または療養中ですか。) ☐ Yes ☐ No										
	3. During the last 5 years, have you ever been in-hospital for more than accumulated/ consecutive 2 weeks or did you take a leave on your works due to any sickness as you were not able to work normally more than 2 weeks? (過去5年以内に連続または累計で2週間以上入院治療したケース、または、病気が原因で通常勤務が出来ない状況が2週間以上続き、休職した事がありますか。) ☐ Yes ☐ No										
	4. Have you ever received any medical advise, counselling from a licensed and qualified doctor? (過去疾病により医師から再検査・治療のアドバイスを受けた事がありますか。) ☐ Yes ☐ No										
	5. During the last 6 months, have you had any illness and/or sign of illness? (過去6か月以内に、体調不良やその兆候がありましたか。) ☐ Yes ☐ No										
	6. Do you have any disabilities?(身体障害がありますか。) ☐ Yes ☐ No										
	7. Have you ever been under non-occupational and/ or any permanent diseases? Or have you ever under any serious illnesss, disease and/ or got injured?(就業不能や後遺障害、または反復的な発作を伴う疾病や重大疾病、或いは、重度障害を受けた状況がありますか。) ☐ Yes ☐ No										
	8. Questions for the FEMALE insured (女性の被保険者の方のみお答えください。) A. Within 5 years, have you ever been any reproductive system diseases such as uterus, breast and/ or ovary etc.?(過去5年間に子宮、乳房、卵巣等の生殖器官疾患歴はありますか。) ☐ Yes ☐ No										
	B. Are you pregnant now?(現在、妊娠していますか。) ☐ Yes ☐ No										
If yes, do you have any complication relating to this/previous pregnancies? (Yesと答えた方、高危険率妊娠と診断されましたか。) ☐ Yes ☐ No											
9. In questions above, if you answer "YES" even one question, please inform the detail below. (上記設問中、1問でも「Yes」と回答した場合は、下記に詳細をご記入ください。)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">DISEASE CAUSING DATE (発病時期)</th> <th style="width: 15%;">THE LATEST DATE OF TREATMENT</th> <th style="width: 20%;">INJECTION AND TREATMENT(検査と治療)</th> <th style="width: 20%;">RESULT (診断結果)</th> <th style="width: 25%;">CURRENT STATUS (現在の状況)</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DISEASE CAUSING DATE (発病時期)	THE LATEST DATE OF TREATMENT	INJECTION AND TREATMENT(検査と治療)	RESULT (診断結果)	CURRENT STATUS (現在の状況)					
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The Statement of the insured	● OTHER NOTICE(その他告知)	
	1. Do you have any contract of Vietnam life insurance?(ベトナムの生命保険に加入していますか。) In case of "YES", please inform the detail type of insurance and the sum insured. (「Yes」の場合、詳細保険種目と保険金額を教えてください。)	☐ Yes ☐ No
	2. Have you ever often used any drug, used any prohibited drug and/ or used any drug? (麻薬の常用歴又は禁止されている薬物あるいは麻薬を使用したことがありますか。)	☐ Yes ☐ No
	3. Do you have any dangerous sport hobbies? (Diving, skydiving, expoloration, martial arts, Sumo, horse racing, race car, operation of private airplane, hot air baloon, ski, surfing, climbing, acrobat etc.) (危険なスポーツの趣味はありますか。例：ダイビング、スカイダイビング、探検、格闘技、相撲、競馬、レーシングカー、自家用飛行機の操縦、熱気球、スキー、サーフィン、登山、アクロバットなど)	☐ Yes ☐ No
	● THE INSURED STATEMENT	
1. In this statement, in case you ticked in ☐ , it is interpreted that the insured answered so. (この申告書では、☐ にチェックを入れた場合に被保険者の回答とみなされます。) 2. I hereby declare to the best of my knowledge and belief that the statements and answers given in this health declaration are true and complete and that I have not withheld any information or material facts that may influence the assessment and acceptance of this insurance. I understand that any misstatement of fact, whether by commission or omission may be grounds for Insurer in its absolute and sole discretion to decline to pay any benefit which might otherwise have been payable and agree that this proposal and declaration shall be the basis of the contract between me and Insurer and shall be deemed to be incorporated in such contract. I understand that all Pre-Existing Conditions before the effective date of this Policy are not covered during first joining year. I am aware that I can seek advice from Insurer or Insurance Agent before completing this health declaration form, and will take responsibility to check that this product is appropriate to my financial needs and insurance objectives. (私は、当該申告書に記載した回答は真実かつ完全であり、保険契約に影響を及ぼす可能性のある情報や重要な事実を隠していないことを、ここに宣言致します。 また、事実と異なる記載を行った場合は、故意・不作為であるかを問わず、保険会社の判断により保険金支払が拒否される場合があることを理解し、申告書と申込書に記載された内容が保険会社との間で行われる保険契約の基礎としてみなされることに同意します。 私は、この保険の発効日以前のすべての既往症は、最初の加入年度にはカバーされないことを理解しました。 私は、この健康申告書に記入する前に、保険会社または保険代理店からアドバイスを受けることが出来ることを承知しており、当該商品が私の経済 Signed Date Signature of Insured Policy Number		