



DECLARATION OF GOOD HEALTH

Policy number: _____

Insured (Last name, First name): _____

I declare that no change has occurred in my state of health since the cancellation of my insurance contract to the delivery of the present.

Also, I hereby declare that:

- I have not travelled outside my province of residence within the last 4 weeks.
- I have no plans to travel outside my province of residence for the next 4 weeks.
- I have not had a positive result and/or no pending tests for the Covid-19.

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| If you are unable to confirm above-mentioned statements, please complete a new Health Declaration. |
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Signed in _____ (city) on _____ (month) ____ (day) 20 ____ (year)

Signature of insured

Signature of witness