

Life Insurance Declaration Statement Form

The **Life insurance declaration statement form** sample provides a clear template for applicants to disclose essential personal and health information. This form ensures transparency and aids insurers in accurately assessing risk for policy approval. Utilizing a standardized sample helps streamline the application process and avoid common errors.

Section 1: Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Section 2: Employment Information

Occupation:

Employer Name:

Section 3: Health Declaration

1. Have you smoked tobacco or used nicotine products in the past 12 months?

Please select

2. Do you have any existing medical conditions (e.g. diabetes, heart disease, cancer)?

Please select

If yes, please specify

3. Have you been hospitalized in the past 5 years?

Please select

If yes, please specify

Section 4: Beneficiary Information

Primary Beneficiary Name:

Relationship to Applicant:

Declaration Statement:

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false or misleading information may affect the validity of the insurance policy or result in claim denial.

Signature of Applicant:

Date: