

Viral Pandemic Supplementary Statement (SARS, Swine Flu, H1N1, Bird Flu, Zika, etc.)

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

<p>1. Have you traveled out of the country within the past one month?</p> <p style="margin-left: 20px;">If yes, please specify country / destination _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Have you had any close contact with person/s diagnosed with any current viral pandemic disease or any as stated above? (Close contact means having cared for and/or having direct exposure to the respiratory secretions and body fluids of an infected person)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you ever been placed under quarantine due to exposure to any viral pandemic disease?</p> <p style="margin-left: 20px;">If yes, how many days? _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you ever manifested signs and symptoms of any viral pandemic disease within the past one month? (Cough, difficulty in breathing, high fever)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Have you ever had, been told to have or been treated for any viral pandemic disease?</p> <p style="margin-left: 20px;">If yes, what investigations/examinations, if any, were carried out?</p> <p style="margin-left: 20px;">Pls. Indicate results _____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>For hospital/clinics, airline/airport, post office/cargo company personnel:</p>		
<p>6. Is the company where you are currently employed implementing measures to prevent the spread and transmission of any viral pandemic disease?</p>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.
 I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

 Signature over printed name of Proposed Insured _____
Date

