HEALTH QUESTIONNAIRE
CONCERTO

B.I.L. assurances — Burdigala International Ltd. — *La Sante sans frontiere*

IMPORTANT

The replies to this questionnaire must mandatorily be written in the handwriting of the person to be insured.
Reply to all the questions. Check YES or NO.
For each YES reply, on the attached sheet, specify all information relating to it, specifying the question number, the name of the person concerned, the date, nature, duration and consequence.

		Insured Person	Spouse	1st child	2nd child	3rd child
Surname						
Forename						
Sex		☐ F ☐ M	☐ F ☐ M	☐ F ☐ M	☐ F ☐ M	☐ F ☐ M
Date of birth						
Height						
Weight						
Blood pressure						
1	Are you currently granted medical leave of absence (even partial)?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
2	Are you currently receiving medical treatment, following a diet, or under specific medical supervision?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
3	Do you have an infirmity, disability or a chronic illness?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
4	Over the last five years, have you been granted medical leave of absence or had medical treatment of more than fifteen days?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
5	Over the last five years, have you followed any medical treatment, a diet, or been subject to specific medical supervision?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
6	Have you been hospitalised? (hospital, clinic, nursing home, establishment providing course of treatment, etc.)	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
7	Have you had an operation?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
8	Do you have one or more of the following conditions: Cardiovascular disorder, arterial hypertension, diabetes, pulmonary disorder, urinary tract disorder, disorder of the blood, osteo-articular rheumatism, depression, skin disorder, total loss of vision in an eye, or sterility	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
9	Did you have to be hospitalised?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
10	Is any dental treatment in progress or planned? (treatment, crowns, orthodontics, etc.)	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

I certify that the replies are honest and true and declare that I have concealed nothing that may mislead the Insurer and risk distorting the decision that it must make concerning the proposed insurance.
In accordance with articles L113-8 and L 113-9 of the French Insurance Code, any false declaration or omission will entail the invalidity of the insurance.

Together with the subscription application, attach this health questionnaire and the additional document duly completed for each beneficiary in a sealed envelope for the attention of the Consulting Physician.

Executed in/at _____**, date**

_____

Signature preceded by the handwritten note "READ AND APPROVED"

This questionnaire is valid for 3 months from the date of signature

APPENDIX
TO
HEALTH QUESTIONNAIRE
CONCERTO

B.I.L. assurances Burdigala International Ltd. *La Sante sans frontiere*

Insured Person:

Surname: _____

Forename : _____

The appendix to the health questionnaire must <u>mandatorily be written in the handwriting of the person to be insured</u>. For each YES reply on the health questionnaire, specify all information relating to it on this additional sheet, specifying the question number, the name of the person concerned, the date, nature, duration and consequence.

Person concerned : **Surname :** _____ **Forename :** _____

Executed in/at _____**, date** _____
Signature preceded by the handwritten note "READ AND APPROVED"

This questionnaire is valid for 3 months from the date of signature

Together with the subscription application, attach the health questionnaire and this document duly completed for each beneficiary in a sealed envelope for the attention of the Consulting Physician.