



DECLARATION OF GOOD HEALTH AND INSURABILITY

Policy No.	Policyowner	Insured
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HEALTH STATEMENT

Since your last medical examination, non-medical declaration or health statement made in connection with the above-numbered policy:	Insured		Payor		Please give full details of any "Yes" answer
	Yes	No	Yes	No	
1. Have you had any illness, injury, operation, treatment or medicine taken or have you consulted or been examined or advised by any doctor?					
2. Has there been any change in your weight?					
3. Has there been any change in your health?					
4. Have you made any application for insurance/reinstatement with another insurance company which was declined, postponed or modified?					
5. Have you changed your occupation?					
6. Have you undertaken any hazardous avocation (automobile racing, scuba diving, etc.)					
7. Do you plan to work abroad soon? Where, when and in what capacity?					
8. FOR WOMEN ONLY Are you pregnant? If so, how many months?					

I/We represent that the foregoing statements and exceptions, if any, are complete and true. I/We agree that this Declaration of Good Health and Insurability shall form part of my/our applications for the said policy; and

I/We further agree that if within two (2) years from the date of this declaration, any of the foregoing statements are found to be untrue in any respect, PNB LIFE INSURANCE, INC. shall have the right to declare null and void and to revoke the above-mentioned policy.

Dated at _____ this _____ day of _____, 20____.

_____ Printed name and signature of Witness	_____ Printed name and signature of Insured
_____ Printed name and signature of Witness	_____ Printed name and signature of Policyowner

FOR HOME OFFICE USE ONLY