

# Good Health Declaration



Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Forming part of the Loan Protection Application through

Bank Name

Dated 

D	D	M	M	Y	Y	Y	Y
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"I hereby certify that there has been no change in my condition of health and that I have received no medical attention, consultation, examination, or medical treatment whatsoever, since the date of completion of the Application Form for the Life Insurance of my Mortgage. Further, that all my answers as written on the said Application related to my health, my residence, and my occupation are still true and valid.

I agree that this form will constitute part of my application for Life Insurance. I hereby declare that all statements and all answers are complete and true and that they are the basis on which Insurance is requested under the Group Mortgage Life Insurance policy and that failure to disclose any material fact known to me may invalidate the insurance."

**If there has/had been a change in your health condition since the date of completion of the Application, then please specify details below and provide medical reports accordingly:**

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## Signature

Policy Owner's Name  
(in his own handwriting)

Policy Owner's Signature

Mortgage Advisor's Name  
(in his own handwriting)

Mortgage Advisor's Signature

Mail Request to: American Life Insurance Company (MetLife), P.O. Box 371916, Dubai, U.A.E.  
UND Department: Tel +971 (4) 415 4555, Fax +971 (4) 415 4445  
E-mail: [ibo\\_distribution\\_servicedesk@metlife.ae](mailto:ibo_distribution_servicedesk@metlife.ae)

American Life Insurance Company is a MetLife, Inc. Company