

HABITS QUESTIONNAIRE – ALCOHOL

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

2. General information

2.1 Do you consider your present state of health to be good? YES NO

2.2 What is your current consumption of alcoholic beverages?

Type	Amount	Per day	Per week

2.3 If your average daily consumption was higher in the past, state when and give the average daily consumption at the time

Type	Amount	Date

2.4 Confirm amounts consumed in the past.

Type	Amount	Date

2.5 When did you last have any alcohol?

D	D	M	M	Y	Y	Y	Y
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2.6 Have you ever been advised to reduce your consumption of alcohol? YES NO

If YES, give full details _____

2.7 Has your use of alcohol ever caused any social or marital problems? YES NO

If YES, give full details _____

2.8 Have you ever been absent from work because of your use of alcohol? YES NO

If YES, give full details _____

Initials

2.9 Have you ever been involved in any breach of law in connection with the use of alcohol? YES NO

If YES, give full details _____

2.10 Have you ever received medical treatment or attended a hospital or any other institution regarding your alcohol consumption? YES NO

If YES, state name(s) and address(es) of attending doctors and institutions, as well as date(s) of treatment(s)

2.11 Are you a member of Alcoholics Anonymous or any other similar organisation? YES NO

If YES, how frequently do you attend meetings? When last did you attend a meeting?

2.12 Have you ever sought medical advice or assistance with regard to this, e.g. counselling, detox, rehabilitation? YES NO

If YES, provide full details of the attending medical professional and institution

2.13 Have you ever been diagnosed as having a liver or pancreas-related disorder? YES NO

3. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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