

# Health Insurance Statement of Facts

## 1. Personal Information

Full Name

Date of Birth

Gender

Address

Phone Number

Email

## 2. Insurance Details

Policy Number

Insurer Name

Coverage Type

## 3. Medical History

Do you have any pre-existing medical conditions?

If yes, please specify:

Are you currently taking any medications?

If yes, please list medications:

## 4. Statement and Declaration

I declare that the information provided is true and complete.

Signature

Date

