

# Health Amendment – Adding Child Form

To : SNA S.A.L.  
Hazmieh – Lebanon

I, the undersigned \_\_\_\_\_, owner of contract no. \_\_\_\_\_ ask you to proceed with the below mentioned endorsement (s) as of \_\_\_\_\_

## Medical Questionnaire

This questionnaire should be filled by the Policy Holder him/herself, being aware of his/her children's health condition.

Names of children	1.	2.	3.
1. NSSF Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Date of Birth	/ /	/ /	/ /
3. Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
4. Height	cm	cm	cm
5. Weight	kg	kg	kg
6. Name of the Usual Doctor			
7. Reason and date of last consultation			
8. Does the child have a physical or mental defect or any abnormality? Details.			
9. Does the child suffer from any serious illness (Epilepsy, Tuberculosis, Bronchitis...)? Details.			
10. Has the child undergone an electrocardiogram, laboratory test or other medical investigations? Reasons & dates.			
11. Has the child undergone any surgery? Nature & date.			
12. Is the child currently under any medical treatment? What are the medicines? Details.			
13. Has the child ever been hospitalized? Details.			
14. Current health condition			

1. I declare that all the information stated in this questionnaire whether or not in my own handwriting, are true and I agree that the statement shall be the basis of the proposed contract of insurance.
2. I certify that I personally answered all the questions and that all the answers are true, complete and have been given with the knowledge that an incorrect or incomplete answer may result in the cancellation of the insurance.

In addition, I am totally willing to pay the premiums that result from the above mentioned request.

By signing this format, I hereby acknowledge having been provided with SNA S.A.L.'s Privacy Notice (available at the company's website: [www.sna.com.lb](http://www.sna.com.lb)) and thus give my consent to SNA S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities SNA S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to SNA S.A.L.

I also agree and acknowledge that SNA S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

*The below data is mandatory to proceed with the request*

Mobile: \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

*Signing this document does not bind the company to complete the endorsement to the existing insurance.*