



# Additional Declaration

## PRIVATE AND CONFIDENTIAL

Insurance Application No: \_\_\_\_\_ Person Insured: \_\_\_\_\_ Applicant : \_\_\_\_\_

I (We) declare that the answers given above are complete and true and I (We) understand that this Additional Declaration will form part of the contract for the desired insurance on my life. And since the above application was signed, except the above mentioned, there is no any alteration in the state of health of the above Person insured, or any other circumstances material to the risk. I (We) agree that information provided is to enable Cigna Worldwide General Insurance Company Limited ("the Company") to carry on insurance business and may be used for the purpose of any insurances or financial related products or services or any alterations, variations, cancellations or renewals of them as well as any claims or analysis of it ; and it may be transferred to any related companies or any other companies carrying on insurance or reinsurance related business es or intermediaries or claims or investigations or other service providers providing services relevant to insurance businesses or any associations or federation of insurance companies that exist or are formed from time to time. I (We) understand that I (we) can contact the Company's Data Privacy Officer to obtain access to and request correction of any personal information concerning myself (ourselves).

\_\_\_\_\_  
Date (D/M/Y)                      Signature of Person Insured                      Signature of Applicant (if other than Person Insured)

Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute.  
Use and distribution limited solely to authorized personnel.