

Declaration of Health

Full Name	
Age Next Birthday	
Production Company	
Title of Production	
Role	

I hereby certify that to the best of my knowledge, I am fit and well and capable of fulfilling the role I am contracted for in this Production and have not received treatment or been advised to seek treatment for any recurring illness or disorder in the last 45 days.

By signing this Declaration of Health Form you consent to Munich Re Syndicate Limited using the information we hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I DECLARE that I am the person named above; that the statements made by me are true and correct; that I have withheld no information known to me which might alter or otherwise conflict with the statements made by me. I understand that an insurance policy may be issued based on these statements made by me. If a policy is issued and a claim is paid I understand that the insurer may seek recoupment from me if it is determined that the statements I have made are not true and correct, or that I have withheld information known to me which might alter or otherwise conflict with these statements I have made. I also agree to be examined by the insurer's doctors in the event a claim is made.

I AUTHORISE Munich Re Syndicate Limited to have access to my medical records for underwriting and claims purposes. I acknowledge that I may request a copy of this authorisation. I agree that this authorisation shall be valid for a period of six months, or until any claim is resolved in which I am involved.

Signature of Declared
Artist/Guardian

Date

PLEASE PRINT NAME
IN CAPITALS

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