



Health Declaration

Life Insurance

Full name:	Personal ID:
Address:	Telephone:
Postal Code:	City/Town:
Occupation:	Email:

When writing the health certificate, it is important that:

- you answer all questions carefully without omitting anything – e.g., issues such as back problems, psychological issues, and use of drugs and alcohol – even if it does not seem relevant for the insurance.
- you are responsible for ensuring that the description is correct.
- incomplete or inaccurate information may result in no compensation in the event of an insurance claim.
- you are not obligated to provide information about genetic tests, i.e., tests that describe your genes (hereditary factors) and future disease risks.

If more space is needed, write on an extra sheet. Remember to write which question it concerns. Date and sign.

1 Have you had any serious illness in the last 3 years?

No ☐ Yes ☐

If yes:

What illness? _____

When? _____

For how long? _____

2 Have you been examined or treated by a doctor, psychologist, psychiatrist, chiropractor, physiotherapist, had tests done in a lab, or been hospitalized or admitted to a day clinic in the last 3 years?

No ☐ Yes ☐

If yes:

For what: _____

When? _____

Where? _____

For how long? _____

(Including overuse of alcohol and drugs, etc.)

Possible consequences? _____



3 a. Are you going under-going vocational training or in an adapted job? No ☐ Yes ☐ If yes:
What was the cause? _____

When?(month/year) _____

b. Are you receiving public or applying for disability or retirement benefits due to your health? No ☐ Yes ☐ What is the cause? _____

When?(month/year) _____

4 Have you been sick or incapacitated for more than 1 month in the last 10 years? No ☐ Yes ☐ If yes:
What is the cause? _____

When?(month/year) _____

For how long? _____

Any consequences/aftereffects? _____

5 a. Are you completely healthy? Yes ☐ No ☐ If no:
What is the cause? _____

b. Are you fully capable of working? Yes ☐ No ☐ What is the cause? _____

Who is your doctor? (write the name and address of the doctor)

I understand that the insurance may be reduced or voided according to the provisions of the insurance contract law if the health information provided is not true, or if any information has been omitted.

(Date & Place)

(Signature)

To be filled out by LÍV:

Lív-útekning: ☐ Góðkend ☐ Ikki góðkend Viðgj. á læknafund

Dagfesting: ☐ Forbókstavir +stempul: ☐ Treytir: ☐