Newborn Additions Form

Please complete a Medical Questionnaire instead of a Newborn Additions form, for any child:

- whose mother has not been covered under the policy identified below for 366 consecutive days;
- who is 28 days old or older
- who was adopted or was carried by a surrogate; or
- who was born following assisted conception.

Name of Insured Mother: _____

Policyholder Name: _____

Policy Number: _____

Newborn details

Name (Last, First, Middle): _____

Date of Birth (DDMMYYYY): ____/____/_____ Gender (M/F): _____ Height (cm): _____ Weight (kg): __

Date of Discharge from Hospital (DDMMYYYY): ____/____/_____

1. Was your newborn discharged from hospital in a healthy state?

   ☐ Yes ☐ No (please explain)

   _____

   _____

2. Does your newborn have, or have symptoms suggestive of, any birth defects or congenital condition(s)?

   ☐ No ☐ Yes (please explain)

   _____

   _____

3. Other than well child examinations, have you been advised to have your newborn undergo any test, treatment, procedure, or hospitalisation?

   ☐ No ☐ Yes (please explain)

   _____

   _____

Declaration by proposer

I declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. I further declare that I have not withheld any material fact and that except as declared herein, all persons to be insured are currently in good health. I will notify APRIL International immediately if after signing this application and before a policy is issued I become aware of material facts not disclosed in this form, or if the health of any person to be insured changes such that any answer on this form is not full complete, and true. If a policy is issued to me, this proposal and the statements made herein shall form the basis of the policy between me/us and Liberty Insurance Limited (Liberty). I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

Name and Title:	**Signature:**	**Date:**

Producer Details (for official use only)

Producer Name:
Company Name:
Tel:
Email:

Or Stamp Above

Please send completed form to APRIL Vietnam Company Limited

APRIL Vietnam Company Limited
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