

Personal Accident Insurance Medical Declaration - Over 75's



All members of The Referees' Association aged 75 and over (at commencement / renewal of cover) who wish to continue with the benefits included within the Personal Accident Insurance policy must ensure the following questions are answered. Please note that a premium loading of 100% applies and this must also be paid to The Referees' Association before cover is granted.

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Telephone Number	<input type="text"/>
	<input type="text"/>	Email Address	<input type="text"/>
	<input type="text"/>		

All benefits included under The Referees' Association Personal Accident Insurance policy exclude pre-existing medical conditions. If you have any pre-existing medical conditions that may influence the decision of Aviva should a claim be made please details them below alternative please sign the declaration below to confirm you are of sound health.

<input type="text"/>
<input type="text"/>

I declare the above particulars to be true and complete in every respect and that no material information has been withheld. I shall also advise The Referees' Association of any alteration in my health that could have a bearing on a claim being paid by Aviva.

Members Signature	<input type="text"/>
If you cannot sign the form digitally tick here	<input type="checkbox"/>

Type 'I AGREE' to confirm this declaration has been fully understood and completed truthfully	<input type="text"/>
---	----------------------

Print Name	<input type="text"/>
------------	----------------------

Date	<input type="text"/>
------	----------------------

ONCE COMPLETE PLEASE RETURN THIS FORM BY EITHER EMAILING IT TO CROSTON@aol.com OR BY POSTING IT TO :- Mr W Hudson, 8 Scar End Close, Weir Village, Nr Bacup, OL13 8GD