



## Supplementary Medical Questionnaire

To be completed by the Insured Life

Application Reference Number

**The questionnaire must be completed by the Life Insured.**

*Important: No compensation is payable if a Medical Examiner completes this questionnaire.*

### Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

Compulsory

Date of birth

dd/mm/yyyy

Address

### General questions

1. Please specify your medical condition:

2. When did your symptoms first occur?

3. Please state the nature of your symptoms. What do you think caused them?

4. Describe the duration and severity of your symptoms.

5. How frequently did they occur?

Daily

Weekly

Monthly

Other

If 'Other', please provide full details:

6. Please provide details, including dates, of any examinations or tests that were conducted:

7. What was the diagnosis?

Two empty text input boxes for providing the diagnosis.

8. What treatment was advised or given? Did you experience any after-effects?

Two empty text input boxes for providing treatment and after-effects.

9. Do you continue to experience your symptoms? If so, please state the most recent date when your symptoms occurred.

Two empty text input boxes for providing symptom status and date.

10. Did you have any functional impairment?  Yes  No If you have answered 'Yes', please provide full details:

Two empty text input boxes for providing details of functional impairment.

11. Please provide details of any doctor(s) you have seen and the purpose for which they were consulted. Use continuation sheets if necessary.

Form for doctor details, including fields for Name, Address, Telephone, Email, and Date and reason for consultation, repeated for two different doctors.

**Declaration by Insured Life**

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature and Date fields with a date format example 'dd/mm/yyyy'.

UL Supplementary Question 12.16

If you require any further details, please ask your financial adviser. Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address: administration@unihealthandlife.com