

Proposal number(s)/Policy number(s)

*To be completed by the Intermediary/Life Insured***Particulars of Intermediary**

First Name(s)

Last Name

Intermediary's code

Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

Compulsory

Date of birth

dd/mm/yyyy

Address

Signature of Life Insured

To be completed by the Medical Examiner

Important: The Proposer/Life Insured has requested that you provide us with (and has authorised us to obtain) this information from you. The Proposer/Life Insured in addition has authorised us to share this information with other life offices, either directly or through the Life Office Association (LOA). This will be done for the purposes of underwriting and/or claims assessment. Under the terms of the LOA protocol the proposer/life insured may enquire about information held by the LOA. Such information will be made available to him/her by his/her nominated medical practitioner.

Particulars of Medical Examiner

First Name(s)

Last Name

Qualifications

Telephone number

Email

Date of procedure/examination/questionnaire

Are you the Life Insured's usual medical practitioner?

☐

Yes

☐

No

I confirm that this examination has been conducted in my surgery by myself and that photographic identity was supplied according to the LOA protocol.

☐

Yes

☐

No

Signature of Examiner

Compensation Payable (State full name of practice or partnership)

First Name(s)

Last Name

Address

Practice code

VAT Registration number

Tariff code

☐

General practitioner

Fee payable

☐

Specialist physician

Fee payable

Medical Report

We have received a proposal for Life Insurance from the person as indicated on the front page. To be able to consider such a proposal for insurance, a Cardiovascular Report is required. We kindly request that you complete this report for us.

1. History

Yes

No

Supply full details regarding each affirmative answer

1.1 Rheumatic fever

☐☐

1.2 Chest pain

☐☐

1.3 Coronary thrombosis

☐☐

1.4 Hypertension

☐☐

1.5 Vascular disease

☐☐

1.6 Dyspnoea or orthopnoea

☐☐

1.7 Arrhythmia

☐☐

1.8 Oedema

☐☐

1.9 Heart medication

☐☐

1.10 Electrocardiograph

☐☐

1.11 Special heart consultation

☐☐

2. Examination

2.1 General

Yes No Supply full details regarding each affirmative answer

2.1.1 Pulse impairments

☐☐

2.1.2 Cyanosis

☐☐

2.1.3 Congestion of neck veins

☐☐

2.1.4 Lung signs

☐☐

2.1.5 Hepatomegaly

☐☐

2.1.6 Oedema

☐☐

2.1.7 Absent peripheral pulses

☐☐

2.1.8 Cardiomegaly

☐☐

2.1.9 Murmurs and/or
abnormal heart sounds

☐☐

2.1.10 Signs of hyperlipidaemia

☐☐

2.2 Blood Pressure

First reading

Repeat after rest if above 140/90

Systolic

Diastolic

3. Additional information regarding your examination findings and observations

UL Cardio Report 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