

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.2 Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.3 Coronary thrombosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.4 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.5 Vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.6 Dyspnoea or orthopnoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.7 Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.8 Oedema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.9 Heart medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.10 Electrocardiograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
1.11 Special heart consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2. Examination

2.1 General

Yes No Supply full details regarding each affirmative answer

2.1.1	Pulse impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.2	Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.3	Congestion of neck veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.4	Lung signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.5	Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.6	Oedema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.7	Absent peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.8	Cardiomegaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.9	Murmurs and/or abnormal heart sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.1.10	Signs of hyperlipidaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2.2 Blood Pressure

First reading

Repeat after rest if above 140/90

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

3. Additional information regarding your examination findings and observations

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

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