ICICI PRUDENTIAL LIFE INSURANCE

Health Questionnaire

Application No. | | | | | | | | | | | **Abha ID:**

Name of Proposer (Policy Owner): _____

Important note:

This questionnaire is a part of your application and is required for further analysis of your above-mentioned policy application.

It is mandatory to provide accurate and complete occupation details as required in the questionnaire below. Suppressing occupation related information or providing incorrect information may impact the claims payout.

CANCER (TUMOUR, CYST, LEUKAEMIA, ENLARGED LYMPH NODES OR ANY ABNORMAL GROWTH)

Yes ☐ No ☐

1. **When was you initially diagnosed with cancer?** (Please mention date or month & year of diagnosis)*

2. **What was the final diagnosis and sites or organs involved?** (Please mention exact diagnosis and sites or organs involved. Share us the copy of all medical reports including consultation till date, investigation report, discharge report if any under upload section provided)*

3. **Please confirm details of treatment taken.***

   ☐ Chemotherapy ☐ Radiotherapy ☐ Hormonal Therapy ☐ Surgery

   Chemotherapy : Please mention date of treatment taken & date of any further treatment planned*

   Radiotherapy : Please mention date of treatment taken & date of any further treatment planned*

   Hormonal Therapy : Please mention date of treatment taken & date of any further treatment planned*

   Surgery details : Please mention hospital name, name of the Surgery, date of admission and date of discharge

4. **Are you still taking treatment?** Yes ☐ No ☐

   Treatment details - Please mention prescribed by Dr's name, date of last consultation, name of the medicine and dosage. Share us the copy of consultation/ follow-up report till date, investigation report under upload section provided

5. **Have there been any relapses, metastases (spread of the cancer) or side effects after the treatment taken?*** Yes ☐ No ☐

   Relapse/ Side effect detail*

6. **Family history of cancer / tumour?*** Yes ☐ No ☐

Family member 1

Relation with family member	Age at diagnosis	Type of cancer

Family member 2

Relation with family member	Age at diagnosis	Type of cancer

Family member 3

Relation with family member	Age at diagnosis	Type of cancer

Family member 4

Relation with family member	Age at diagnosis	Type of cancer

Family member 5

Relation with family member	Age at diagnosis	Type of cancer

Family member 6

Relation with family member	Age at diagnosis	Type of cancer

Family member 7

Relation with family member	Age at diagnosis	Type of cancer

Family member 8

Relation with family member	Age at diagnosis	Type of cancer

Family member 9

Relation with family member	Age at diagnosis	Type of cancer

Family member 10

Relation with family member	Age at diagnosis	Type of cancer

☐ I hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Place: _____

Date: _____

_____

Signature of the Life to be Assured / Proposer