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.

HEART (UNDERGONE ANGIOPLASTY, BYPASS SURGERY, HEART SURGERY, CHEST PAIN, HEART ATTACK OR ANY OTHER HEART DISORDER)

Yes ☐ **No** ☐

Undergone Angioplasty, Bypass Surgery, Heart Surgery

Yes ☐ **No** ☐

1. **Have you undergone any cardiac surgery?***

   ☐ Angioplasty ☐ Bypass ☐ Pacemaker Implant ☐ Valve Replacement

   ☐ Congenital Heart Defect (ASD/VSD) ☐ Any Other Heart surgery

   Specify exact heart surgery*

2. **When were you initially diagnosed with heart disease? (Please mention date or month & year of diagnosis)***

3. **When was the surgery done?** (Please mention date or month & year of surgery. Share us the copy of all medical reports including consultation till date, investigation report, discharge report if any under upload section provided)*

4. **Are you currently taking any medications?*** 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. **Any other complications related heart disease?***

   Specify exact diagnosis/ complication

Chest Pain, Heart Attack or any other Heart Disorder

Yes ☐ **No** ☐

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

2. **Please confirm exact diagnosis. (Specify exact diagnosis/ complication)***

3. **Are you currently taking any medications?*** 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*

4. **Have you been hospitalised with heart disease?*** Yes ☐ No ☐

   Hospitalisation details - Please mention hospital name, date of admission and date of discharge, whether admitted in ICU. Share us the copy of all medical reports including consultation till date, investigation report, discharge report if any under upload section provided

5. **Any other complications related to heart disease?*** Yes ☐ No ☐

   Specify exact diagnosis/ complication

☐ 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