

THYROID QUESTIONNAIRE

(To be completed by the Life to be Assured)

Full name of the life to be assured:

Date of Birth:

Please answer each question and where appropriate provide particulars

1. Have you ever suffered or are you now suffering from any thyroid disease? If so, when did you first experience symptoms?

2. How frequently and with what symptoms does this condition trouble you?

3. Have you consulted a doctor about the condition and if so, are you aware of the diagnosis (e.g. simple goitre, hyper/hypothyroidism, myxoedema)?

4. Have you received or are you still receiving treatment of any kind? Is an operation contemplated?

5. Do you suffer from any other diseases?

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer