FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

THYROID QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured

Application Number

PLEASE ANSWER EACH QUESTION AND, WHEREVER APPROPRIATE, PROVIDE DETAILS AND ATTACH COPIES OF REPORTS

1. a. Have you ever suffered or are suffering from thyroid? ☐ Yes ☐ No

   If 'Yes', since when? _____

   Type of disorder: _____

   Treatment details: _____

2. Have you experienced any weight gain or loss? ☐ Yes ☐ No

   If 'Yes', have you gained weight or lost? _____ Kg

3. Have you ever had or have any tumours (growth) or tremors? ☐ Yes ☐ No

   If 'Yes', please mention the date: _____

   Type of disorder: _____

   Treatment details: _____

4. Have you ever undergone any surgery? ☐ Yes ☐ No

   If 'Yes', when? _____

   What was the diagnosis? _____

   Type of Surgery: _____

   When was it performed? _____

   Please provide the name and address of the doctor and the hospital along with the reports: _____

   _____

   _____

5. Have you had regular follow-ups? ☐ Yes ☐ No

   If 'No', please mention since when you stopped the follow-ups? _____

   **Please attach copy of the biopsy reports (if any).

6. Please provide the name and address of your physician along with the latest follow-up notes and prescriptions: _____

   _____

   Date of your last consultation: _____

7. Please provide any additional information that would help in processing your application: _____

   _____

   _____

   **Please submit any blood tests (including thyroid function tests), x-ray, treatment records or any other tests done in the last one year.

I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will forma part of the contract of the desired insurance on my life.

Place: _____ Date: _____ _____

Signature of the Life Insured

**Please tick √ wherever applicable.

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____ _____

Address of the Declarant: _____ Signature of the Declarant

_____

_____

_____

Place: _____ Date: _____ Signature of the Life Insured