

Gastro-intestinal questionnaire

(by insured life)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number

Date of birth

Financial adviser's name

Broker house code

Permanent identity number

Yes

No

Telephone

Financial adviser code

Telephone

2: General questions

1a. When did your first symptoms occur?

1b. When did you last have symptoms?

2. Describe the nature of your symptoms and the exact location of your discomfort.

3. How often do these symptoms occur and how long do they last?

4. Did or does the discomfort spread to other parts of the abdomen or back and/or the chest or arms?

Yes

No

5. Have you ever

Vomited blood

Had chronic diarrhoea

Had difficulty swallowing

Had anaemia

Had shortness of breath

Passed black stools

Had tightness of the chest

6. Have you lost weight in the past year?

Yes

No

If "yes", provide full details:

7. Do you experience a decreased appetite?

Yes

No

If "yes", provide full details:

8. Have you experienced any recent change in your usual bowel habits?

Yes

No

If "yes", provide full details:

9. Have you ever had any examination of the gastro-intestinal tract or gall bladder (i.e. barium meal/enema, gastroscopy, colonoscopy, ultrasound of the abdomen)?

Yes

No

If "yes", provide full details:

10. Provide full details of any treatment received and specify whether diet, medical, surgical or all three.

11. Are you currently receiving any treatment?

Yes

No

If "yes", provide full details, including the brand name of any medication, the dosage and name and address of your medical doctor.

12. What was the final diagnosis? (If an ulcer, state whether gastric, duodenal or pyloric.)

13. Have you ever had an electrocardiogram (ECG)?

Yes

No

If "yes", provide the date and name of your medical doctor.

3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

Signature of insured life

Date

D

D

M

M

Y

Y

Y

Y

No payment for the completion of this form.