

## Supplementary questionnaire

(by insured life)

Policy number

Member number\*

Group number\* (\*Fill in for FundsAtWork)

### 1: Details of insured life

Name of insured life	<input type="text"/>		
Permanent identity/passport number	<input type="text"/>	Permanent identity number	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth	<input type="text"/>	Telephone	<input type="text"/>
Financial adviser's name	<input type="text"/>	Financial adviser code	<input type="text"/>
Broker house code	<input type="text"/>	Telephone	<input type="text"/>

### 2: General questions

- General questions regarding (specify condition)
- On what date did the symptoms first occur?
- What symptoms did you have and what caused them?
- How long did the symptoms last and how severe were they?
- How frequently did they occur?  
Daily  Weekly  Monthly  Other   
If "other", provide full details:
- What examinations were conducted?
- What was the diagnosis?
- What treatment was advised or given and was there any after-effects?
- When last did you have the symptoms?
- Did you have any functional impairment? Yes  No   
If "yes", provide full details:
- Details of doctors you have consulted:  
Name   
Postal address   
Postal code   
Name   
Postal address   
Postal code

### 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
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No payment for the completion of this form.

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