IndiaFirstLife

ULCER QUESTIONNAIRE

[To be filled by the medical examiner]

Application No:

Full name of Life to be assured: FIRST LAST

1. When did you first experience Symptoms Of Ulcer/ Reflux
2. When was your most recent episode of Uleer/ reflux
3. Please describe your Symptoms
4. How frequently do you experience the symptoms? (E.G. Daily, Monthly)
5. Has there been any bleeding from Mouth or Bowel — Yes ☐ No ☐
6. Has any test or investigations been performed (If Yes Please advise details including dates) — Yes ☐ No ☐
7. Have you lost time from work due to this disorder
   a. In the last 12 months — Yes ☐ No ☐
   If Yes From ____ to ____
   b. Prior to last 12 months — Yes ☐ No ☐
   If Yes From ____ to ____
8. What treatment have you been given for Ulcer/ Reflux

Treatment Type	Dosage

9. Are you still under treatment — Yes ☐ No ☐
   If No when did the treatment ceased

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

Signature of the life to be assured/Proposer

Signature of Medical Examiner with Code No

Date: D D M M Y Y Y Y

Place:

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
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