



12. Do you consider his / her diabetic control as:

- a) Very good (super control)
- b) Reasonably controlled
- c) Poor control

Yes  No

Yes  No

Yes  No

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 Life to be assured / Proposer:

\_\_\_\_\_

Signature of Medical Examiner with Code No:

Date:

Place: \_\_\_\_\_

**IndiaFirst Life Insurance Company Ltd.,**

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