

C. Have you ever taken steroids? e.g. Beclomet hasone, Prednisolone etc.

Yes No

If YES, please provide full details including duration and type of treatment like Inhalers, tablets etc.

Regarding the monitoring of your condition:

A. Who is in charge of your follow-up?

B. How often do you attend for follow-up?

C. When was your last consultation?

D. Do you use a peak flow meter and record the results?

Yes No

If YES, please provide your lowest and highest readings in the last 3 months.

10. Do you smoke* cigarettes / beedis / cigar / pipes?

Yes No

* Strike off whichever is not applicable

If YES, how many _____ per day, since last _____ years.

11. What is the level of your exercise tolerance? Mention distance, which you can walk and number of stairs you can climb without causing breathlessness.

12. Please provide any additional information on your condition, which you feel, will be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Date:

Place:

Signature of the Life Assured.

Signature of the Medical Examiner

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