IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

ALCOHOL CONSUMPTION QUESTIONNAIRE

Application No:

Name of life to be assured: FIRST LAST

[Please tick (v) wherever applicable]

	YES	NO
1. Do you consume Alcohol in any of the following forms?		
■ Wine	☐	☐
■ Beer	☐	☐
■ Whisky / Gin / Rum / Vodka (Please tick whichever is applicable)	☐	☐
■ Any other: (Please specify)	☐	☐

2. Details of past and present levels of consumption.
[1 Unit is equal to half a pint of beer (300 ml), one glass of wine (125 ml), one measure of spirit (30 ml)]

Past: No of Units: No of Years:

Present: No of Units: No of Years:

3. Please mention the years since consumption?

	YES	NO
4. Have you undergone any investigations, particularly any liver enzyme, S.proteins (Albumin & Globulin) or alcohol marker tests?DD If yes, Please provide the copies of the same.	☐	☐
5. Were you ever been hospitalized for alcohol related disease? If yes, please provide the details.	☐	☐

6. Have you made any attempt to give up the Alcohol consumption habit? If Yes, with what results?

7. If given up completely, since when?

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

Date: D D M M Y Y Y Y

Place:

Signature of the Life to be assured/Proposer