IndiaFirst LIFE INSURANCE

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

Back Pain Supplementary Statement – This questionnaire should be completed by the person to be insured.

Full name of the person to be insured:

Date of Birth & Age:

1. Do you know the exact diagnosis stated by your physician (i.e. herniated invertebral disc; spondylolisthesis; kyphosis, etc)?

2. If not, please describe the location of the pain (i.e. neck, upper back, lower back, etc.).

3. Have investigations such as X-rays or MRI been performed? ☐ **Yes** ☐ **No**
If "yes", please provide details.

Date	Details (type of test and result)

4. When did the symptoms first occur? **Are you now fully recovered?** ☐ **Yes** ☐ **No**

5. How frequently do the symptoms occur (i.e. once every month, twice a year, etc.)? And when you last had them?

6. Have you been absent from work due to back pain? ☐ **Yes** ☐ **No**
If "Yes" , please provide details.

Date		Details
From	to	
From	to	
From	to	

7. Please provide the name and address of your physician.

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and the Company.

Date and signature of the person to be insured

IndiaFirst Life Insurance Company Ltd.,
301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6270 0600 **Toll Free:** 1800-209-8700
E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com