IndiaFirst LIFE INSURANCE

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

THYROID QUESTIONNAIRE

[To be filled by the medical examiner]

Application No: | | | | | | | | | | |

Full name of Life to be assured: | | | F | I | R | S | T | | | | | | | | | | | | | | | | | | L | A | S | T | | | | |

1. Have you ever suffered from any Thyroid disorder? (If yes Give details) Yes ☐ No ☐
   - ■ Date of Diagnosis:
   - ■ Type of Disorder:
   - ■ Treatment Details:
2. Have you experienced any weight gain or loss? Yes ☐ No ☐
   If yes, Gained/Lost _____ Kg
3. Have you ever suffered or are suffering from any tumor problem? (If yes Give details) Yes ☐ No ☐
   - ■ Date of Diagnosis:
   - ■ Type of Tumor:
   - ■ Grade of Tumor:
   - ■ Treatment Details:
4. Have you ever undergone any Surgery? (If yes Give details) Yes ☐ No ☐
   - ■ Date of Surgery:
   - ■ Diagnosis for surgery:
   - ■ Type of Surgery:
5. Have you followed up for the same? Yes ☐ No ☐
   (Please attach a copy of reports pertaining to follow up & treatment details if any)

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 medical examiner: Signature of Life to be Assured:

Date: | D | D | M | M | Y | Y | Y | Y |

Place:

IndiaFirst Life Insurance Company Ltd.,
301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,
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