

HYPERTENSION QUESTIONNAIRE

This statement should be completed by the person to be insured

Full Name

Date of Birth

1. When was high blood pressure first diagnosed ?

2. Was you high BP diagnosed during the course of:
a) Routine Examination b) Examination due to certain symptoms

3. Do you know what your blood pressure readings were at the time of diagnosis ? YES NO
(If yes, please give details.)

4. Have you had an ECG, X-ray, blood lipid test or other investigations done ? YES NO
(If yes, please provide details including dates of investigations and results.)

5. Please provide details of your treatment. Include names of medication (e.g. Moduretic, Nvidrex, Aldomet, Inderal, Tenoritic, Tenormin, Trasicor etc.), dosage and how often taken:
a) Currently

b) In the past

6. Regarding the monitoring of your conditions:
a) Who is in charge of your follow-up?

b) How often do you go for regular check-up?

c) When was your last consultation ?
(Please provide details of your last three blood pressure readings).

7. Have any abnormalities (e.g. protein, blood, etc.) ever been found in your urine? YES NO
(If yes, please provide date(s) and full details).

8. Do you smoke ? (cigarettes, cigars, beedis etc.)
(If yes, how many per day).

YES NO

9. Have you lost significant time (e.g. weeks) off work with this condition ?
(If yes, please provide details including dates and duration of time off work).

YES NO

10. 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 best the of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal (dated.....) for life insurance and that failure to disclose any material fact known to me may invalidate the contract between me and the Company.

Signature of the person to be insured

Date

Signature of Witness

Name & Address of Witness

A Joint Venture between Dabur and Aviva

Aviva Life Insurance Company India Pvt. Ltd, Sector Road Opp. Golf Course DLF Phase V Sector-43 Gurgaon-122003 Haryana India

Tel. +91(0) 124 2709000 Fax +91(0) 124 2571209 www.avivaindia.com

Registered Office: 2nd Floor Prakashdeep Building Tolstoy Marg New Delhi 110 001 India