BPI AIA

LIFE ASSURANCE CORPORATION

GENERAL HEALTH QUESTIONNAIRE

Name of Applicant:	Reference No.:

Please PRINT all answers.

1. What is the exact diagnosis of your condition? _____

2. When was the condition diagnosed? ____ / ____ / _____

3. When did you last experience symptoms for this condition? ____ / ____ / _____

4. Do you require treatment for this condition in the past 12 months? Yes No
   If YES, please specify and indicate dosage or result of the treatment.

TREATMENT	DOSAGE/RESULT
_____	_____
_____	_____
_____	_____

5. Are you awaiting hospital referral, investigation or surgery for this condition? Yes No

6. How often have you experienced symptoms of this condition?
   - Only once
   - More than once
   - I have continuous symptoms

7. Which of the following best describes the impact of this condition on your ability to perform day to day activities and work?
   - Significant or occasional impact
   - Only minor symptoms which have little or no impact
   - Ongoing condition with no impact
   - Fully recovered

8. Please provide the name(s) and address(es) of your attending physician(s) and/or medical facility:

I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated ____ / ____ / _____ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

_____
Name of Applicant

Witnessed by:

_____
Name of Bancassurance Sales Executive
Code No. _____

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