

Hypertension Questionnaire

(To be filled by the Life to be Assured)

Proposal Number: _____

Name of the Life to be Assured: _____

Date of Birth: _____

Male/Female: _____

1. When was your high blood pressure first diagnosed? _____

2. Why was your blood pressure measured at that particular time? E.g. routine examination, due to symptoms etc.

3. What were your blood pressure readings at that time? _____

4. Have you had an ECG, X-ray, Blood lipid test, Echocardiogram or other investigation? Yes No
If yes, provide details (dates & results) _____

5. Please provide details of treatment, include names of medications (e.g. *Moduretic, Navidrex, Aldomet, Inderal, Tenoretic, Tenormin, Trasicor etc.*), dosage and how often taken.

a. currently _____

b. In the past _____

6. Regarding monitoring your condition:

a. Who is in charge of your follow-up? Please provide name and address _____

b. How often do you go for follow-ups? _____

c. When was your last consultation? _____

7. Have any abnormalities, such as protein, blood, or sugar, ever been found in your urine? Yes No
If yes, please provide date(s) and full details _____

8. Do you suffer from any of the following?

a. Elevated Blood sugar	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Raised cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Heart related problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Kidney related problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Eye problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, Please provide date(s) and full details _____

9. Has there been significant absence (e.g. weeks) at work because of this condition? Yes No

If Yes, please provide details _____

11. Do you smoke or consume tobacco in any form? Yes No

10. Please provide any additional information on your condition which you feel will be helpful in processing your application _____

I hereby declare 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 agree that this form will constitute part of my application for insurance and that failure to disclose any material fact, known to me, may invalidate the contract.

Signature: _____

Date: _____

If signature is in vernacular or proposer is illiterate:

I hereby declare that I have read out and explained the contents of this questionnaire to the proposer in _____ Language and that he/she had understood the same and the answers were truly and correctly recorded. I have fully explained that this forms part of the contract and if there has been any non-disclosure of material fact, the policy may be treated as null and void.

Signature of person making the declaration:

Name and address:

Place:

Date:

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

Trademark used under licence from respective owners.

Protecting Families, Enriching Lives!