



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

KIDNEY & URINARY DISORDER QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Proposal Number

Name of the Life Insured

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHERE REQUIRED

1. State the precise diagnosis or nature of the condition you are suffering from related to the kidney or urinary system: (E.g., hematuria (blood in the urine), kidney stones, glomerulonephritis, pyelonephritis, urinary incontinence, etc.) _____
2. Regarding your symptoms:
 - a) When was the condition diagnosed or when did the symptoms first occur? _____
 - b) When was the last occurrence of the symptoms? _____
 - c) Please comment on the severity of the symptoms: _____
3. Regarding your medical care:
 - a) Have you ever had any investigation for this condition?
(E.g. Blood test, cystoscopy, x-ray, CT, MRI or ultrasound scan) Yes No
If 'Yes', provide details including type of investigation, results and dates: _____
 - b) Have you had a surgery for this condition? Yes No
If 'Yes', provide date(s) and complete details: _____
 - c) Have you taken any medication for kidney or urinary system disorder, including treatment for high blood pressure, within the last 12 months? Yes No
If 'Yes', provide details including drug name and frequency: _____
 - d) Have you ever been on dialysis? Yes No
If 'Yes', provide details: _____
Frequency: _____
 - e) Have you completely recovered from the condition? Yes No
If 'No', provide details on the current status and prognosis: _____
 - f) Provide details regarding the doctors and/or specialists you consult, in relation to this condition: _____
 - g) Is your condition recurrent in nature? Yes No
 - h) Are you still receiving treatment of any kind or are you regularly being checked by a doctor for your condition? Yes No
If 'Yes', please provide details: _____
4. Please mention the dates and duration of any time off-work due to the condition: _____
5. Please provide any additional information that you feel is important: _____

I hereby declare, that the above answers and statements are true and complete, and agree that this questionnaire, together with the proposal dated _____ shall form a part of the contract between me and the company.

Place: _____ Date: _____

Signature of the Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____

Date: _____

Signature of the Life Insured