



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

SKIN DISORDER QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life Insured _____
Application Number _____

PLEASE ANSWER EACH QUESTION AND, WHEREVER APPROPRIATE, PROVIDE DETAILS AND ATTACH COPIES OF REPORTS

1. Since when have you been facing this skin problem? _____
 2. Please state the precise diagnosis. If not known, please mention the provisional diagnosis: _____

 3. Please state the nature of the disorder: Yes No
If 'Progressive' (increasing in size, colour or thickness), please provide details: _____

 4. Are you taking any treatment for the skin problem? Yes No
If 'Yes' since when have you been taking treatment? _____
Please provide details of the tablets and medicines taken for the same, along with copies of investigations like blood tests, FNAC (fine needle aspiration cytology), biopsy, etc.: _____

 5. For how long have you been advised to continue with the treatment? _____
 6. Have you undergone any surgery for this skin problem? Yes No
If 'Yes' please provide date and hospital details: _____

 7. Have you been advised to undergo any surgery for the same? Yes No
If 'Yes' please provide the proposed date and hospital details: _____

 8. Have you ever been told that this skin problem is secondary to (due to) another disease? Yes No
If 'Yes' please provide details of the disease: _____

 9. Please provide any additional information that would help in processing your application: _____

- ** Please submit copies of all the hospital records including discharge summary.
10. Is your skin problem seasonal; caused by an allergy or from using cosmetics? Yes No

I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will form a part of the contract of the desired insurance on my life.

Place: _____ Date: _____

Signature of the Life Insured

**Please tick wherever applicable.

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