



**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: _____

- **Please submit copies of all the hospital records including discharge summary.
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 any investigations done in the last one year.
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