



INTERCARAÏBES
ASSURANCES

MEDICAL QUESTIONNAIRE

Contract N°:

Applicant's name:

Answer to this questionnaire must be entered by the applicant. You can submit to us on a separate form any additional information that may be of interest.

I. What is your :

Height in meter?

Weight in kg?

Usual blood pressure?

II. Does your state of health prevent you performing your professional activity at full time or basic actions of daily life ?

If yes,

Part time therapeutic care:

Sick leave:

Difficult basic actions of daily life:

Reason(s):

III. Did you or are you planning to undergo surgical operation(s) other then appendicitis, tonsils or adenoids removal ?

If yes,

Which one(s):

Date(s):

(Please enclose copy of medical/histological report)

IV. Have you suffered in the last 5 years from a disease or an accident entailing 3 weeks or more sick leave or/and medical treatment ?

If yes,

For which reason(s):

Medical treatment nature end length:



V. Have you received in the last 5 years medical care or medical exams which led to a stay in a medical centre (hospital, clinic, rest house, rehabilitation centre, diet centre, thermal cure, sanatorium....)?

If yes,

Which one(s):

Date(s):

VI. Have you suffered in the last 10 years from one of the following disease: psychiatric or nervous disease (including depression), osteoarticular disease including vertebral and paravetebral damages, cancer, leukaemia or other blood disease ?

If yes,

Which disease(s):

Information relating to the disease(s) (date, length, treatment, recovering date, disabling consequence, comments):

VII. Have you ever been tested for hepatitis or any other immune deficiency diseases ?

If yes,

Date:

Test nature:

Result:

VIII. Do you suffer from consequences of an illness or /an accident ?

If yes,

Which one(s):

Event date(s):

Nature

Consolidation date(s):

Disabling consequence(s):

IX. Do you receive any disabling pension or workmen's compensation pension ?

If yes,

Disability type:

Anticipated length of payment:



Pension category or pension rate:
(Please enclose notification)

X. Have you ever been accepted for life insurance under special conditions (loading or exclusion) or refused ?

If yes,

Reason(s):

Date(s):

I 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 proposal.

I agree that this form will constitute part of my proposal for insurance and that failure to disclose any material fact known to me may invalidate the contract (articles L132-2, 8 and 9 of the "Code des Assurances").

SIGNATURE :

(Please write the mention " approved and certified ")

PLACE:

DATE: