

SUPPLEMENT TO  
**PROPOSAL FOR LIFE ASSURANCE**

without Medical Examination  
Personal Statement by Proposer (Life to be Assured)

NOTE:- It is particularly requested that each question be clearly and separately answered. Dashes of the pen cannot be accepted as replies. Alterations or erasures must be initiated by Proposer (Life to be Assured).

1. Name in full..... Age (next birthday).....years  
 Occupation.....  
 Address.....  
 Marital status  Single  Married  Widowed  Divorced  Separated

2. Family History

	If living		If dead		
	Present age	State of health	Age at death	Precise cause of death	Year of death
Father.....					
Mother.....					
Brother (s).....					
Sister (s).....					
Wife (or husband).....					

3. Have you ever had or been told you had

Please give details for all "yes" answers  
Date (s) -duration(s) - result(s) - doctors names and addresses, where applicable, hospital reference number (s)

(a) Fits, epilepsy, paralysis, headaches or any brain, nervous or mental disorder?

(b) Pneumonia, pleurisy, asthma, tuberculosis (consumption), blood spitting, persistent cough, or any respiratory or lung disorder?

(c) Malaria, blackwater fever, dysentery, bilharzias, ankylostomiasis, or any other tropical disease? (state frequency of attacks)

(d) Indigestion, ulcer appendicitis, gall bladder or liver disease (any form of jaundice), colitis, rectal disease, hernia, or any abdominal disorder?		
(e) Kidney colic gravel or stone, kidney, bladder or any genito-urinary disorder?		
(f) Chest pain, heart disease, high blood pressure, low blood pressure, or any heart or blood vessel disorder?		
(g) Diabetes or sugar in the urine?		
(h) Rheumatic fever, arthritis, gout or any bone or joint disorder?		
(l) Impairment of vision or hearing or any eye or ear disorder?		
(j) Goitre, cancer, tumour, syphilis, gonorrhoea, or any of blood, gland or skin disorder? (in the case of history or gonorrhoea within the last 5 years secure kahn test)		
(k) Any electrocardiogram, X-ray, blood study or special diagnostic test?		
(l) Hospital or sanatorium observation or treatment?		
(m) Any accident, injury, operation or mental attention not stated above?		
(4) Are you in good health now and do you usually enjoy good health?	.....	.....
What is your (a) Height, (b) Weight	(a).....	(b).....
(5) Do you take alcoholic drinks? if so, state what kind and quantity you take daily	.....	.....
(6) Do you use tobacco in any form (smoking, snuffing or chewing)?  If so, state in which form and daily quantity	.....	.....
(7) (a) Have you ever had a relationship or lived with persons having tuberculosis, (consumption)?	.....	.....
(b) Has any family member or relative of yours suffered or died from tuberculosis, insanity or diabetes or committed suicide?	.....	.....

I declare that the answers to the above questions are true and complete and that I have not withheld any material information and I agree that such answers and the answers given to the separation questions in the proposal for an assurance on my life to the Company shall be the basis of the contract for assurance. I consent to the Company seeking information from any physician or other person in regard to my health and I hereby authorise the giving of such information.

Date at .....this.....day of.....20.....

Signature of Agent

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Usual signature of proposer (Life to be Assured)

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