Bajaj Allianz Life Insurance Company Limited
GE Plaza, Airport Road, Pune- 411 006. Tel(+91 20) 6602 6777, Fax (+91 20) 40111640

Hypertension Supplementary Statement

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in blue ink.
2. Please tick a box thus ☑ where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

Application Number: ____________ **Date:** ____________

Proposal Number: ____________

Life Assured's Name: ____________

Proposer ____________

Date of Birth :____________ Occupation: ____________

Please answer each question and where appropriate provide particulars.

1. When was your hypertension first diagnosed? :-____________

2. What treatment are you presently receiving? :-____________

3. During the past 2 years, has the drug and dosage of medication changed? :- Yes / No

Name of medication	Dose	Frequency

4. Have you ever been in the hospital due to hypertension since you received treatment?:- Yes / No

5. How frequently do you get your blood pressure checked?
   (please provide sample readings over past 2 years)

Date	Readings	Systolic / Diastolic

6. Have you ever had :- Yes / No
   a) Problems with your vision?
   b) Circulation problems with your legs?
   c) Cardiac problem/cardiomegaly?
   d) Hyperlipidaemia?
   e) Cerebral vascular disease?
   f) Diabetes
   g) ECG Abnormalities/Renal disorder?
   If so, please specify :-____________

____

7. a) Do you suffer from any other complaints? :- Yes / No

b) If so, please give details :-_____

_____

8. Date and Reports of any other investigations, if done:

Name of the Result	Test	Date
ECG		
X-Ray		
Chest		
TMT		
Others		

9. a) Do you smoke or use Tobacco in any form? :- Yes / No

b) If 'Yes', frequency of usage i) Cigarretes :- _____Sticks /day

ii) Other form :- _____Quantity-packets /day

c) Given up smoking? :- _____years

10. a) Do you consume Alchol? :- Yes / No

b) If 'Yes', Quantity of consumption :- _____Ml /week

c) Refrained from alcoholic drink for :- _____years

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

Place : _____

Date : _____ Signature of Life Assured

Please enclose self attested copy of all past & present medical records including Investigation reports.