Sagicor

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CAPITAL LIFE

CHECK-UP QUESTIONNAIRE

Name of Proposed Insured:	Name of Owner/Applicant:

Application/Policy Number:

NB: Questions 1-4 must be answered. If NONE, State NONE

1. RE: Last visit to Doctor

Reason(s)	Date	Results/Diagnosis	Doctor's Name & Address
Employment			
Pre-Marital			
Insurance (State Company)			
Regular Check-up			
Sudden Visit			
Follow-up			
Annual Check-up			
Other			

If last five completed – Regular Check-up, Sudden Visit, Follow-up, Annual Check-up,Other - Please explain symptoms or purpose _____

_____

_____

2. Please complete if the following tests were done:

Type of Test	Date	Results	Name of Lab/Clinic/Hospital
Blood tests			
Chest X-rays			
Other X-rays			
Electrocardiograms			
Cat Scan			
Other tests			

3. Doctors recommendations (e.g. any treatments and dosage, future plans, re-tests or follow-up?)

_____

_____

_____

4. If the referral to consultant/specialist has not yet taken place, please indicate date of your tentative appointment:

_____

I hereby agree that this supplement shall form a part of the application and of the policy issued thereunder, if any, and that it shall be binding on any person or persons who shall have or claim any interest under such policy. I have carefully read the above questions, statements, and answers and all such statements and answers are correctly recorded and are true as written above.

Dated this _____day of _____, 20_____

_____	_____	_____
Advisor/Witness	Signature of Proposed Insured	Applicant *(if other than Proposed Insured)*