

Generali Worldwide

Health Plan – Medical Questionnaire

Gastrointestinal



Please complete all sections in **BLOCK CAPITALS** or tick the boxes, where appropriate.

Group Number:

Employer Name:

Employee Name:

Employee ID Number:

Applicant Name:

Applicant Date of Birth:

ALL QUESTIONS MUST BE COMPLETED

1. Diagnosis (e.g. duodenal/gastric ulcer, Crohn's, ulcerative colitis).

2. On what date was this first diagnosed?

3. How frequent are the symptoms? (State average number per month/ per year)

4. What was the date of the most recent symptoms?

5. Have you ever had signs of bleeding or any other symptoms from the problem (anaemia, vomiting blood, blood in stool, etc.)? Yes No

If Yes, give dates and details.

6. Have any investigations or tests been carried out or are any planned? Yes No

If Yes, provide dates, details and the results.

7. Have you ever had or are you awaiting any surgery for the problem? Yes No
If Yes, please give dates and details of the surgical procedure (vagotomy, pyloroplasty, laser surgery, etc.)

8. What medications have you taken in the past?

9. Are you taking any medication now? Yes No
If Yes, please list name, dosage and frequency.

10. Are you fully recovered from this condition? Yes No
If Yes, please confirm date of discharge from follow-up.

11. Has there been any hospitalization or time lost from work due to this condition? Yes No
If Yes, please give dates and details.

Additional Comments

CERTIFICATION: I certify that these answers and statements are true to the best of my knowledge and belief. I will inform Generali Worldwide of any material changes to the information provided which take place between the time the form is completed and the time coverage become effective. I agree that this document shall form a part of my request for coverage.

Applicant signature:

Date:

This completed and signed form may be mailed to:
Generali Worldwide,
P.O. Box AP-59217, Slot 2052, Nassau, Bahamas
or faxed to +1 242 328 5972 or scanned and e-mailed to: underwriting@generalibahamas.com

PLEASE RETAIN A COPY FOR YOUR RECORDS

Office: Generali Worldwide, 2nd Floor, Campbell Maritime Centre, West Bay Street, Nassau, Bahamas.

Mailing Address: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas.

Licensed by the Insurance Commission of the Bahamas to carry on long-term insurance business in the Commonwealth of the Bahamas.

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Generali Worldwide is a trading name of Utmost Worldwide Limited

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

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