Generali Worldwide Health Plan – Medical Questionnaire Respiratory



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

Group Nu	imber:					
Employer Name:						
Employee Name:						
Employee ID Number:						
Applicant Name:						
Applicant Date of Birth:						
ALL QUESTIONS MUST BE COMPLETED						
1. From	which type of br	eathing problem do you suffer?				
2. On w	2. On what date was this first diagnosed? M M D D Y Y					
3. How	3. How frequent are the symptoms? (State average number per month/ per year).					
4. How	4. How disabling are the attacks - i.e. what extent are your normal activities limited by an attack?					
5. What	was the date of	the most recent symptoms? M M D D Y Y				
6. Are th	ne symptoms sea	asonal or throughout the year?				
		edication (including inhalants)?	Yes 🗌 No 🗌			
If Yes	, list names, dos	age and frequency.				

	Have steroids (e.g. Prednisone) ever been prescribed? If Yes, please give dates and details.	Yes 🗌 No 🗌
9.	How often are you being followed up and by whom?	
	Has there been any hospitalization or time off work due to this condition? If yes please provide dates and details.	Yes No
11.	Please give details of your smoking habits before and after diagnosis.	
Ado	ditional 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: M M D D Y Y					
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.

 $T + 1 \ 242 \ 328 \ 6330 \quad F + 1 \ 242 \ 328 \ 5972$

salesbahamas@generali-worldwide.com

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.

Regulated in Guernsey as a licensed insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Incorporated in Guernsey under Company Registration No. 27151.

generali-healthcare.com

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

3 of 3 | Health Plan - Medical Questionnaire - Respiratory