

Generali Worldwide

Health Plan – Medical Questionnaire

Thyroid Disorders



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. hypothyroidism, goitre, thyroglossal cyst)?

2. Do you have a goitre? Yes No
If Yes, please confirm what type it is (if known).

3. On what date was this condition first diagnosed?

4. What medication/ treatment have you received in the past?

5. Have any investigations or tests been carried out or are any planned? Yes No
If Yes, give details, dates and results.

Name of Test:	Date:	Results:

6. Have you had, or are you awaiting, any surgery for this problem?

Yes No

If Yes, please give dates and details of the surgical procedure.

7. What symptoms do you have now?

8. Are you taking any medication now?

Yes No

If Yes, please list name, dosage and frequency.

9. How often are you being followed up and by whom?

10. Have you had any complications or has there been any hospitalization due to this condition?

Yes No

If Yes, provide dates and details.

11. Are any future tests or treatments planned?

Yes No

If Yes, provide 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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