

Generali Worldwide

Health Plan – Medical Questionnaire

Musculoskeletal



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: (if arthritis, specify type e.g. osteo or rheumatoid).

2. When was this first diagnosed (or when did you first suffer symptoms)?

3. Are any joints affected?

Yes No

If Yes, please specify.

4. How frequent and severe are the symptoms? (State average frequency per month/ per year).

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

6. Have you ever received physical therapy or had surgery as a result of your condition (or is any planned)?

Yes No

If Yes, give details and dates.

7. List any limitations in daily activities or any type of physical limitations you currently have from your condition:

8. Are you taking any medication?
If Yes, list name, dosage and frequency.

Yes No

9. Has there been any hospitalization or time lost from work due to this condition?
If Yes, please give dates and details.

Yes No

10. Are you fully recovered from this condition?

Yes No

If Yes, as of what date.

If No, what additional treatment is needed?

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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