

Minor Life Questionnaire

(To be filled by the Proposer)

Name of the Life Assured:	
Application Number:	
Date of Birth of the Life Assured:	

Please give full and accurate answers to each question:

- 1) Which class is the Life Assured studying in? _____
- 2) Name of the School: _____

DETAILS ABOUT THE CHILD'S HEALTH

- 1) Does the child have any physical problem / handicap or serious illness? Yes No
If 'Yes', please give details.

- 2) Is any medication taken regularly by the child, e.g. daily? Yes No
If 'Yes', please give details.

- 3) Does the child suffer / has ever suffered from any of the following?

AILMENTS	Yes	No	Age
Epilepsy/Convulsions			
Heart /Lung Problems			
Diabetes			
Eczema			
Eating Disorders			
Whooping Cough			
Glandular Fever			

AILMENTS	Yes	No	Age
Ear Infection			
Measles / Mumps			
Convulsions			
Chickenpox			
Scarlet Fever			
Bronchitis / Asthma			
Hearing Problem			

- 4) If any of the above is ticked as 'Yes', please provide details for the same:

- 5) Any other relevant information or illnesses - Please state which and at what age:

DETAILS OF VACCINATIONS:

AILMENTS	Yes	No
Triple/Duo (Diphtheria, Whooping Cough, Tetanus)		
Polio		
MMR (Measles, Mumps, Rubella)		
BCG/Tuberculosis Test		
Tetanus last given		

AILMENTS	Yes	No
Smallpox		
Yellow Fever		
Hepatitis		
Other vaccinations (Please specify)		

Please provide details of family insurance:

Name of Insured	Name of Insurer	Policy No.	Sum Assured	Annual Premium	Current Status
LA					
Father					
Mother					
Sibling 1					
Sibling 2					
Sibling 3					

I hereby declare and agree that the above particulars and answers are complete and true and this questionnaire will form part of the contract of the desired insurance on my child's life.

Date : _____

Place : _____

Signature of the Proposer

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant : _____

Address of the Declarant : _____

Signature of the Declarant

Place : _____

Date : _____

Signature of the Proposer