



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

ADDITIONAL FORM FOR ASTHMA / BRONCHITIS

Proposal No. _____

Agent's code No. _____

Full Name of the Life to be Assured / Life Assured _____

Occupation and exact nature of duties _____

Age _____ Years _____ Questions to be answered by the Proposer/Life Assured

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1. a. Was your first attack in childhood or in adulthood? (please give exact age at onset) _____
 - b. Have the attacks of childhood asthma disappeared on reaching age 20 yrs. ?
If not are they of same frequency and severity as earlier childhood attacks? _____
 - c. How many attacks on an average do you have in a year and when was the last episode? _____
 - d. How long do the attacks usually last ? _____
 - e. Does your work environment have high level of pollution _____
 - f. How many days (total) you have been away from work due to asthma during last 2 yrs. _____

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2. a. What treatment do you take for asthma usually ? _____
 - b. Are you required to take Corticosteroids (medicines like prednisolone etc.) for relief and if so for how many years and what does ? _____
 - c. Are you still taking such medicines as Corticosteroids ? _____

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3. a. Are you a smoker or non-smoker ? _____
 - b. If a smoker, how many Cigarettes, bidis _____

etc. per day ?

- c. If a smoker, for how many yrs. you have been a smoker? _____
 - d. Do you have a smoker's cough? _____
 - e. Are you taking treatment for chronic bronchitis, if so, give details. _____
 - f. Have you given up smoking? If so, total period of abstinence. _____
 - g. Is there any family history of asthma, If so, mention the number of family members and their relationship. _____
 - h. Have you ever been hospitalised for treatment of acute asthma. If so, details with particulars. _____
 - i. Have you ever undergone pulmonary function Test's or Chest X-ray Examination's If yes, submit Copy/ies of the Reports. _____
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- 4. Do the attacks occur during any particular season of the year? _____
 - 5. What is the level of your effort / exercise tolerance Mention distance which you can walk and number of stairs you can climb without causing breathlessness. _____
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I hereby agree that the foregoing question and answers shall form part of the proposal for Insurance made by me to the Life Insurance Corporation of India on _____ ; and they shall be of the same effect as if contained in the original proposal .

Dated at _____ on the _____ day of _____ 200

Signature of Witness _____

Name of Witness _____

Occupation _____

Address: _____

Signature of the proposer
