

Life Insurance Corporation of India (Established by the Life Insurance Corporation Act 1956)

DIVISION

PERSONAL HISTORY OF KIDNEY DISEASE, COLIC OR STONE ETC. (Questions to be answered by the proposer)

Proposal No	
Full Name of the to be Assured	
	(In Block Letters)
 1. (a) Have you ever had pain in the region of your kidneys? (b) If yes, give (i) The number of attacks (ii) The date and duration of the first attack (iii) The date and duration of the subsequent attacks (iv) The date and duration of the last attack 	(a)
(a) Was the pain colicky in nature or was it dull and continuous. (b) Was it accompanied by fever?	(a)
3. Were attacks accompanied by retention of or scanty urine or passage of Blood or stone urine? If yes, give full particulars	
4. (a) Were you confined to bed with any or all the attacks:(b) How long did such attacks keep you away from work?	(a)
5. (a) Was an X-ray of your kidneys and Urinary tract taken? (b) If yes, state (i) Whether it was taken with or with out an intravenous injection of dye? (ii) The dates: (iii) Finding:	(a) (b) (i) (ii) (iii)

Please submit all X-ray plates with the radiologist reports there on. 6. Was an operation performed on your kidneys, ureters or bladder? If yes, give the dates & state whether a stone alone was removed or whether the kidney was removed with the stone. Please submit the operation surgeon's report which should state the reason for the operation, its nature and findings.	
7. Has there been recurrence of pain, colic or discomfort at any time after the operation? If yes, give full details.	
8. (a) Has your urine been examined during or after the	(a)
attacks of pain? If yes, give dates of the examinations. (d) Was any Blood, pus, albumen casts, or oxalates, uric acid or urates found in any such examination If yes, give full details: Please submit reports of the urine examination	(b)
9. Give the names and addresses of the doctors who attended you.	
I agree that the foregoing question assurance made by me to the Life Insura	ons and answers shall form part of the proposal for ance Corporation India on
Date Signature of witness : Occupation : Address	<u></u>
	Signature of proposer